

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP -9 AM 8: 20

 The name of the l 	limited liability company	is:
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SECHEMARY OF STATE STATE OF IDAHO

. The name of the inflited has	OF IDAHO
	Monty Arrossa Racing Stable LLC
. The complete street and ma	ailing addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than stree	t address)
. The name and complete str	reet address of the registered agent:
Monty Arrossa	184 East 100 South Jerome, ID 83338
(Name)	(Street Address)
. The name and address of a company:	at least one member or manager of the limited liability
Name	<u>Address</u>
Monty Arrossa	184 East 100 South Jerome, ID 83338
*Meaning to a second of the se	
-	correspondence (annual report notices):
184 East 100 South Jerome, ID) 83338
. The standard of filling	or (antique)
. Future effective date of filin	g (optional):
ignature of a manager, me	mber or authorized
erson.	Secretary of State use only
ignature May J. A	14) Q(a (()
yped Name: Monty J. Arrossa	TRAILS SESSES
	IDAHO SECRETARY OF STATE 09/09/2010 05:00
ignature	CK: 2779 CT: 251092 BH: 1238219 1 @ 100.00 = 100.00 ORGAN LLC #

Typed Name: _____