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FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 SEP 24 AM 8: 28

	30	(In:	structions on	back of application)	S	ECHEIAHY OF STATE OF ID	
1.	The name of the ilmited liability comp			y company is:		STATE OF ID	
			Y MOUNTAIN	· •			
2.		4730 C	et and mailin	g addresses of the l DRIVE, IDAHO FALLS,	nitial designated offic ID 83404	e;	
	(Street Ad	idress)	N//	A			
	(Mailing /	iddress, if differ	ent than street add	(499)			
3.	The name and complete street address of the registered agent:						
		D CHAFFII	١	4730 CUMBERL	AND DRIVE, IDAHO FAL	LS, ID 83404	
	(Name)			(Street Address)			
4.	The name and address of at least one member or manager of the limited liability company:						
	KEN D CHAFFIN			4730 CUMBERL	Address 4730 CUMBERLAND DRIVE, IDAHO FALLS, ID 83404		
	ANN MA	ARIE CHAFF	1N	4730 CUMBERL	4730 CUMBERLAND DRIVE, IDAHO FALLS, ID 83404		
		4730 C	UMBERLAND [spondence (annual i DRIVE, IDAHO FALLS, II	D 83404		
6.	Future e	ffective da	te of filing (o	otional): AS SOON A	S PROCESSED	·	
	nature o	if a mana	ger, membe	r or authorized			
_	eture	Ken K	CHAFFIN /	fei -	Secretary of State	use only	
	ature	Da	Many Es	The state of the s	09/24/	RETARY OF 3 2014 05:	
-		Ann	Marie C	hattin	CK:2239568 CT 1@ 100.00 = 1		

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