



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 MAR -5 AM 9:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lonestar Bed & Stables LLC

2. The complete street and mailing addresses of the initial designated office:

120 Jeffrey Lane Emmett, ID 83617
(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Sharon ~~Carl~~ Anderson
(Name)

120 Jeffrey Lane Emmett, ID 83617
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>Sharon Anderson</u>	<u>120 Jeffrey Lane Emmett, ID 83617</u>
_____	_____
_____	_____
_____	_____

5. Mailing address for future correspondence (annual report notices):

Same as above

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Sharon L. Anderson
Typed Name: Sharon L. Anderson

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/05/2013 05:00
CK: 5398 CT: 200187 BH: 1362964
1 @ 100.00 = 100.00 ORGAN LLC # 2

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