

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRE BY OF STATE

1.	The name of the limited liability co	ompany is:	STATE OF IDAHO
	AHRENS	S CONSTRUCTION CO., LLC	
2.	The complete street and mailing addresses of the initial designated/principal office: 1167 Warm Springs Road, Ketchum, ID 83340		
	(Street Address) P.O. Box 990, Ketchum, ID 83340		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Peter F. Ahrens	1167 Warm Springs Road, Ketchum, ID 83340	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	Peter F. Ahrens	P.O. Box 990, Ketchum, ID 83340	
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5.	Mailing address for future correspond	ondence (annual report notices	s):
	P.O. Box 990, Ketchum, ID 83340		
6.	6. Future effective date of filing (optional):		
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	nature of a manager, member of	of authorized	
þei	son.	Secre	tary of State use only
Sig	natura ///	<u></u>	
Тур	ped Name: Peter F. Ahrens		
Sig	nature		IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE **08/02/2011 05:00** CK: 7720 CT: 2204 BH: 1284878 i @ 100.00 = 100.00 ORGAN LLC # 3