



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 MAR 12 AM 9:10

1. The name of the limited liability company is:

Lost River Gardens LLC

SECRETARY OF STATE
STATE OF IDAHO

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

310 S. Idaho St, Arco, ID 83213

(Street Address)

(Mailing Address, if different than street address)

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

Kim Sanders

(Name)

310 S. Idaho St.

(Street Address)

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

Name

Address

Kim Sanders

310 S. Idaho St. Arco, ID 83213

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

310 S. Idaho St. Arco, ID, 83213

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

Signature of a manager, member or authorized person.

Secretary of State use only

Signature Kim Sanders

Typed Name: Kim Sanders

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
03/12/2014 05:00
CK: 3623 CT: 294200 BH: 1414898
1 @ 100.00 = 100.00 ORGAN LLC # 2

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