

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014	APR	24	AM	9:	0

SECRETARY OF MATE

1.	The name of the limited liability col	STATE OF IDAHO					
2.	The complete street and mailing ad 201 Sage Road, Ketchum ID 83340						
	(Street Address) P O Box 14001 PMB 222, Ketchum ID 83340						
	(Mailing Address, if different than street address)						
3.	The name and complete street address of the registered agent:						
	Andrew Tian	etchum ID 83340					
	(Name)	(Street Address)					
4.	The name and address of at least of company:	one member or ma	nager of the limited lia	bility			
	<u>Name</u>	<u>Address</u>					
	Raffles Ventures, LLC	P O Box 14001 PM	AB 222, Ketchum ID 83340				
5.	Mailing address for future correspondence P O Box 14001 PMB 222, Ketchum, ID 8	=	eport notices):				
6.	Future effective date of filing (option	nal):					
	gnature of a manager, member o	r authorized					
pei	son.	/	Secretary of State use	only			
_	ped Name: Audus (12	-1/14 en_	04/24/20	PARY OF STATE 114 05:00 1056 BH:1421728 100 ORGAN LLC #2			

W137068

Signature ____

Typed Name: _____