



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 SEP -8 AM 9:15

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Rovigo LLC

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

141 Citation Way Suite 7, Hailey, ID 83333

(Street Address)

(Mailing Address, if different than street address)

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

Steven Giacobbi, Inc.

(Name)

141 Citation Way Suite 7, Hailey, ID 83333

(Street Address)

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

NameAddress

Steven Giacobbi

141 Citation Way Suite 7, Hailey, ID 83333

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

141 Citation Way Suite 7, Hailey, ID 83333

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: Steven Giacobbi, Inc., Member

Signature _____

Typed Name: Steven Giacobbi, President

Secretary of State use only

g:\compforms\LLC forms\cert_org_llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
09/08/2008 05:00
CK: 2626 CT: 286595 BH: 1134844
1 @ 100.00 = 100.00 ORGAN LLC # 2

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