Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT -3 AM 8: 14

	•			~~~~ · · · · ·
1.	The name of the limited liability comp	arry 10.	SECRETARY OF STATE OF ID	STATE AHO al office:
		ORTS COMPLEX, LLC	:	
2.	The complete street and mailing addresses of the initial designated/principal office: 111 N. POST ST., STE. 200, SPOKANE, WA 99201			al office:
		IE. 200, SPOKANE, WA	(99201	
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	JIM BLACK, LUKINS & ANNIS, P.S.	250 NORTHWEST	3LVD. #120, CDA, I	D 83814
	(Name)	(Street Address)		
4.	The name and address of at least one company:	e member or manage		iability
	Name		Address	MA 00201
	RIVERSTONE WEST, LLC ("RW")	RIVERSTONE WEST, LLC ("RW") 111 N. POST ST., STE. 200, SPOKANE, WA		
			<u>:</u> -	
			1	
			:	
5.	Mailing address for future correspond	dence (annual report	notices):	
	111 N. POST ST.,	STE. 200, SPOKANE, W	/A 99201	
6.	Future effective date of filing (option	al):	· · · · · · · · · · · · · · · · · · ·	
	/)			
Sig	gnature of organizer(s). (An organizer is a	member, or is	:	
act	ting in behalf of a member or members).		Secretary of State	use only
	1900	Q¥4		
	gnature //// BRYAN STONE, MEMBER	OF RW		
Ту	ped Name: BRYAN STONE, MEMBER	THOUSE B	TRAILD CE	CRETARY OF STATE
	·V	A B B B B B B B B B B B B B B B B B B B	19/03/ 19/03/ cv. 7202 ct.	2008 05:00 1A3498 BH: 1138622
	gnature	wised	1 2 100.80 ±	108.00 ORGAN LLC # 2 28.08 EXPEDITE C # 3
T۱	roed Name:		7 E C0:00 _	