

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT -8 PM 3:17

RECEIVED
STATE OF IDAHO

1. The name of the limited liability company is:

Alta Holdings, LLC

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

199 N. Capitol Boulevard, Suite 908, Boise, Idaho 83702

(Street Address)

P.O. Box 608, Boise, Idaho 83701

(Mailing Address, if different than street address)

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

Kari Saccomanno

(Name)

199 N. Capitol Boulevard, Suite 908, Boise, ID 83702

(Street Address)

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

Name

Kari Saccomanno

Address

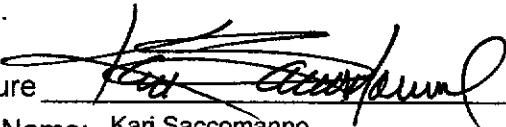
P.O. Box 608, Boise, Idaho 83701

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

P.O. Box 608, Boise, Idaho 83701

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

Signature of a manager, member or authorized person.

Signature 
Typed Name: Kari Saccomanno

Secretary of State use only

Signature _____
Typed Name: _____

IDaho SECRETARY OF STATE
10/08/2010 05:00
CK: 7799 CT: 251890 BH: 1242433
1 8 100.00 = 100.00 ORGAN LLC # 2
1 8 20.00 = 20.00 EXPEDITE C # 3