

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Recurve Ventures, LLC

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

250 S. 5th St., Suite 660, Boise, Idaho 83702

(Street Address)

P.O. Box 9500, Boise, Idaho 83707-9500

(Mailing Address, if different than street address)

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

Edward D. Ahrens

(Name)

250 S. 5th St., Suite 660, Boise, Idaho 83702

(Street Address)

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

**Name****Address**

Edward D. Ahrens, Trustee of Recurve Trust,

250 S. 5th St., Suite 660, Boise, Idaho 83702

U/T/A dated August 1, 2011

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

P.O. Box 9500, Boise, Idaho 83707-9500

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 Edward D. AhrensTyped Name: Edward D. Ahrens, Trustee

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

0/Compliance/LC form/ver1.00.1.0c.PMD  
Revised 07/2008

IDAHO SECRETARY OF STATE  
08/01/2011 05:00  
CK: 2414 CT: 84162 BH: 1284822  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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