

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT 17 AM 9: 03

56 Willow Creek Drive, Hailey, ID 83333 (Street Address) P.O. Box 2392 Sun Valley, ID 83353 (Malling Address, if different than street address) 3. The name and complete street address of the registered agent: Michael P. Koleno 56 Willow Creek Drive, Hailey, ID 83333 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Michael P. Koleno P.O. Box 2392, Sun Valley, ID 83353 6. Future effective date of filling (optional): Signature Signature Typed Name: Michael P. Koleno Signature Tipanii secretary of State use only	The Street of th	(Illatidetions on back	or application)	en	
2. The complete street and mailing addresses of the initial designated office: 56 Willow Creek Drive, Hailey, ID 83333 (Street Address) P.O. Box 2392 Sun Valley, ID 83353 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Michael P. Koleno 56 Willow Creek Drive, Hailey, ID 83333 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Michael P. Koleno P.O. Box 2392, Sun Valley, ID 83353 6. Future effective date of filling (optional): Signature of a manager, member or authorized Description of Street Name: Michael P. Koleno Signature Dispatch of Street Name: Michael P. Koleno Signature Dispatch of Street Name: Michael P. Koleno Signature Dispatch of Street Name: Dispatch of Street Name: Michael P. Koleno Signature Dispatch of Street Name: Michael P. Koleno St	1.	· · · ·			
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(Street Address) P.O. Box 2392 Sun Valley, ID 83353 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Michael P. Koleno (Name) 4. The name and address of at least one member or manager of the limited liability company: Name Address Michael P. Koleno P.O. Box 2392, Sun Valley, ID 83353 6. Future effective date of filing (optional): Signature of a manager, member or authorized Proped Name: Michael P. Koleno Michael P. Koleno Signature Michael P. Koleno Signature Michael P. Koleno Michael P. Koleno Signature Michael P. Koleno Signature Michael P. Koleno Michael P. Koleno Signature Michael P. Koleno Michael P. Koleno Michael P. Koleno Signature Michael P. Koleno Michael P. Koleno Signature Michael P. Koleno Michael P. Koleno Signature Michael P. Koleno Michae	2.	•			
Michael P. Koleno (Name) 56 Willow Creek Drive, Halley, ID 83333 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Michael P. Koleno P.O. Box 2392, Sun Valley, ID 83353 5. Mailing address for future correspondence (annual report notices): P.O. Box 2392, Sun Valley, ID 83353 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Michael P. Koleno Signature Michael P. Koleno David Streetary of State use only IDANO SERRETARY OF STATE 1972-2012 05:201 David Streetary OF STATE 1972-2012 05:201		(Street Address) P.O. Box 2392 Sun Valley, ID 83353			
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5. Mailing address for future correspondence (annual report notices): P.O. Box 2392, Sun Valley, ID 83353 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Michael P. Koleno Signature IDAHO SECRETARY OF STATE 10/17/2012 95:281 Critical Name: 11/17/2012 95:281 Critical Name: 11/17/2012 95:281					
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Signature of a manager, member or authorized person. Secretary of State use only Signature Michael P. Koleno IDAHO SECRETARY OF STATE 10/17/2012 05:20 CK: 484 CT: 275352 BH: 13448	5.	- ,	idence (annual r	eport notices):	
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