

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 APR 17 AH 8: 08

	(Instructions on back	of application)	SECRETAIN	
1.	The name of the limited liability con	pany is:	SECRETARY OF S STATE OF IDAH	
	_	ne Rose West, LLC		
2.	The complete street and mailing add	resses of the initial designat	ed/principal office:	
	935 Greencreek Road, Cottonwood, Idaho 83522			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Edwin L. Litteneker	322 Main Street, Lewist	on, Idaho 83501	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	Address		
	Sheila M. Arnzen	Sheila M. Arnzen 935 Greencreek Road, Cottonwood, Idaho 83522		
_	NA-11th a address for Catagon and		۸.	
5.	Mailing address for future correspor	dence (annual report notices reet, Lewiston, Idaho 83501	5).	
	322 Main S	ider, Lewistori, rualio 6550 i	<u> </u>	
6.	Future effective date of filing (option	al):		
.				
_	nature of organizer(s). (An organizer is a ig in behalf <u>of a m</u> emb <u>er</u> or <i>p</i> rempers).	member, or is		
actif	ig in benail of a hieringer of thembers).	Secre	etary of State use only	
Sign	nature Miles			
_	ed Name: Shelle M. Amzen			
		xms/ce		
Sigi	nature	pitoms/LLC forms/csrt_org_lic.PMD Revised 07/2009	IDANO SECRETARY OF STATE 84/17/2009 05:00	
	ed Name:	Morans Revised	K: 9568 CT: 43311 BH: 116648 9 198.98 = 188.88 OREGNILL	

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