

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY HAPR-4 AM 9: 06

17 TO	(Instructions on back	of application)	SECHALLY OF STATE
1. Th	ne name of the limited liability com	pany is:	STATE OF IDAHO
	Viola Mini	ng and Wildlife Preserve I	.LC
	The complete street and mailing addresses of the initial designated/principal office: 832 West 385 North Blackfoot, ID 83221		
5	Street Address) Same Mailing Address, if different than street address)		
	The name and complete street address of the registered agent:		
r	David S. McLaren	832 West 385 North Blac	kfoot, ID 83221
(	Name)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		<u>ddress</u>
	David S. McLaren (Manager)	832 West 385 North Blac	kfoot, ID 83221
- -			
	ailing address for future correspond 832 West 385 North Blackfoot, ID 83221	dence (annual report n	otices):
6. Fı	uture effective date of filing (optiona	al):	
Signa persoi	iture of a manager, member or in	authorized	
Signat	MAZ		Secretary of State use only
	Name: David S. McLaren, Manager		
Signa	ture		IDAHO SECRETARY OF STATE
	l Name:		04/04/2011 05:00 CX: 1071 CT: 257310 RH: 126740

04/04/2011 05:00 CK: 1871 CT: 257310 BH: 1267483 1 0 189.90 = 199.00 ORGAN LLC # 2 1 0 28.00 = 26.00 EXPEDITE C # 3 W101986