



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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2014 APR 25 AM 9:03

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Salmon River Storm LLC

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

5225 N Quail Summit Way

(Street Address)

Boise, ID 83703

(Mailing Address, if different than street address)

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

Robert B. Burns

(Name)

5225 N Quail Summit Way, Boise, ID 83703

(Street Address)

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

Name

Address

Robert B. Burns

5225 N Quail Summit Way, Boise, ID 83703

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

5225 N Quail Summit Way, Boise, ID 83703

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Robert B. Burns

Signature

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

Secretary of State use only

IDAHO SECRETARY OF STATE

04/25/2014 05:00

CK:1006 CT:13941 BH:1421962

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