CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	LIMITED LIABILI7	TY COM	<i>IPANY</i>	09 FEB 17	AM 8: 31	E M
	(Instructions on back	of applica	tion)			0
1. The	name of the limited liability com	npany is:		SECRETARY STATE OF	-UH STATE -IDAHO	EFFECTIVE
<u>m</u>	NORE Scones UNLIM	TTED	L.L.C	•		<u>M</u>
	complete street and mailing add		the initial des	ignated/prir	ncipal offic	ж: Э
(Str	5280 SORRENTO DO	STUE				<u> </u>
•	BODSE TOAHO alling Address, if different than street address)	837	<u>04</u>			
•	name and complete street addr	ess of the	registered ag	ent:		
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	LEMONT HEIST	5280 (Street Addr	<u>Sorrent</u>	O DRIV	e Bois	
(110	, interpretation	(Subst Audi	ÇOSJ		•	<u></u> 8370-
	e name and address of at least of	ne membe	r or manager	of the limite	ed liability	
con	npany: Name		Ai	ddress		uita da santa da san Santa da santa da sa
L	EMONT HEIST	5280	SORRENTO		Bake	ED 83104
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5 Mai	ling address for future correspon	dence (an	nual report no	otices):		
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6. Fut	ure effective date of filing (option	al):	,	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Signatu	re of organizer(s). (An organizer is a	member or	is	· ·		
•	behalf of a member or members).	continues of		0		
	0 - 01		Q.	Secretary of St	and use only	

Signature Typed Name: LEMONT HEIST

Signature 1

Typed Name: V Margit Heis

IDANO SECRETARY OF STATE
02/17/2009 05:00
CX: 2833 CT: 234133 BH: 11578%
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