

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

T + O	(Instructions on back	of application	2015 JAN -6 PM 1= 44
	he name of the limited liability com Cripple Creek Holdings LLC	pany is:	SECRETARY OF STATE STATE OF IDAHO
2. T	The complete street and mailing addresses of the initial designated office: 522 N. Copper River Dr. Nampa Idaho 83651 (Street Address)		
	(Mailing Address, if different than street address) The name and complete street address of the registered agent:		
	Sherrie Fullmer	522 N. Coppe	er River Dr. Nampa Idaho 83651
1	(Name)	(Street Address)	<u> </u>
C	he name and address of at least on ompany: Name		Address
-	Neil Fullmer	522 N. Coppe	er River Dr. Nampa Idaho 83651
	Jake Fullmer	3401 E. Warr	n Creek Ave. Nampa Idaho 83686
	Jared Fullmer	8127 E. Casp	oian Dr. Nampa Idaho 83687
	Kade Fullmer	522 N Coppe	r River Dr. Nampa Idaho 83651
	Sherrie Fullmer	522 N. Coppe	er River Dr. Nampa Idaho 83651
	failing address for future correspond 522 N. Copper River Dr. Nampa Idaho 836 uture effective date of filing (options	651 	· · · · · · · · · · · · · · · · · · ·
Signa perso	ature of a manager, member or a	authorized	
Signa	ature State		Secretary of State use only IDAHO SECRETARY OF STATE 81/06/2015 05:00
1 ypec	d Name: Sherne Fullmer		CK:2476512 CT:172099 BH:1

CK:2476512 CT:172099 BH:1455800 16 100.00 = 100.00 ORGAN LLC #2

Signature__ Typed Name:

WK46201