

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 16 AM 8: 07

SECRETARY OF STATE

I. The name of the limited liability cor	mpany is:	STATE OF IDAHO
	INT Metro I LLC	
. The complete street and mailing ad		• • •
(Street Address)	ville Ave, Ketchum, I	ID 83340
PO Box	284 Sun Valley, ID	83353
(Mailing Address, if different than street address)	_	
The name and complete street add	ress of the regist	ered agent:
Tobias C. Ripsom		dville Ave, Ketchum, ID 83340
(Name)	(Street Address)	
The name and address of at least of company:	one member or m	nanager of the limited liability
Name		<u>Address</u>
Tobias C. Ripsom	PO Bo	ox 284 Sun Valley, ID 83353
		And the second
		en e
Mailing address for future correspon	ndence (annual r	eport notices):
•	284 Sun Valley, ID	•
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Future effective date of filing (option	nal):	
gnature of organizer(s). (An organizer is a	a member, or is	
ing in behalf of a member or members).	[	Secretary of State use only
gnature	Vorms/LLC forms/cert_org_ltc.PMID	
ped Name: Tobias C. Ripsom	3	
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