251
CERTIFICATE OF ORGANIZATIONED EFFECTIVE
(Instructions on back of application)
<ol> <li>The name of the limited liability company is: SECRETERY OF STATE STATE OF IDAHOLC</li> <li><u>SECRETERY OF STATE</u> STATE OF IDAHOLC</li> <li><u>ADCKY MOUNTAIN</u> <u>Preservation</u></li> <li><u>SECRETERY OF STATE</u> STATE OF IDAHOLC</li> <li><u>STATE OF IDAHOLC</u></li> <li><u>STATE OF IDAHOLC</u></li> <li><u>The complete street and mailing addresses of the initial designated office:</u> 1250 E. 21<sup>St</sup> Zdaw Fells, ID 83404</li> </ol>
(Street Address)
(Mailing Address, if different than street address) 3. The name and complete street address of the registered agent:
S. The hame and complete street address of the registered agent. <u>Benjamin Alkan</u> <u>1250 F. 21<sup>st</sup> Jako Falls</u> , J. (Street Address) 83404
4. The name and address of at least one member or manager of the limited liability company: <u>Name</u> <u>Benjamin Aiken</u> <u>83404</u>
5. Mailing address for future correspondence (annual report notices): <u>1250 E, 21<sup>5+</sup> Idaho Fails ID 834</u> 04
6. Future effective date of filing (optional):
Signature of a manager, member or authorized
Secretary of State use only
Signature <u>Benjamin Aiken</u> Typed Name: <u>Benjamin Aiken</u>
IDAHO SECRETARY OF STATE         12/09/2011       05:00         Signature       CK: 849554       CT: 172899         Typed Name:       1 @ 20.00 = 20.00       EXPEDITE C # 3
cert_org_lic Rev. 07/2010 WLO8862

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