



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

11 NOV 10 AM 9:03

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Western Sky Associates LLC

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

490 Memorial Drive, 2nd Floor, Idaho Falls, Idaho 83402

(Street Address)

P.O. Box 51630, Idaho Falls, Idaho 83405-1630

(Mailing Address, if different than street address)

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

Steven R. Parry

(Name)

490 Memorial Drive, 2nd Floor, Idaho Falls, ID 83402

(Street Address)

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

**Name**

**Address**

Steven R. Parry

490 Memorial Drive, P.O. Box 51630

Idaho Falls, Id 83405-1630

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

P.O. Box 51630, Idaho Falls, ID 83405-1630

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Manager

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

11/10/2011 05:00

CK: 54997 CT: 2034 BH: 1297687

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