



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 APR 22 PM 1: 48

(Instructions on back of application)

SECRIPTORY OF STATE

1.	The name of the limited liability con	pany is: dleback Lakes LLC	STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office: 351 Edelweiss Avenue, Ketchum, ID 83340		
	(Street Address) PO Box 2318, Ketchum, ID 83340		
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:		
-			
	Kenneth A. Fox (Name)	351 Edelweiss Avenue, Ketchum, ID (Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Add	ress
	Kenneth A Fox	351 Edelweiss Avenue, Box	2318, Ketchum, ID 83340
5.	5. Mailing address for future correspondence (annual report notices): PO Box 2318, Ketchum, ID 83340		
6.	6. Future effective date of filing (optional):		
_	nature of a manager, member or son.		
Sig	nature News a F	>	ecretary of State use only
	ed Name: Kenneth A Fox		
Sig	nature		IDAHO SECRETARY OF STATE 04/22/2011 95:00

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Typed Name: ____

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