



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

OB DEC -9 AM 8: 05
SECRETARY OF STATE
STATE OF IDAHO

	company is: N185SL, LLC
The complete street and mailing a	addresses of the initial designated/principal office:
·	d Devil Drive, Hailey, ID 83333
(Street Address)	
P. O (Mailing Address, if different than street address	D. Box 626, Hailey, ID 83333
The name and complete street ad	
Christian M. Nickum	208 Red Devil Drive, Hailey, ID 83333
(Name)	(Street Address)
The name and address of at least company:	t one member or manager of the limited liability
Name	Address
Christian M. Nickum	P. O. Box 626, Hailey, ID 83333
· · · · · · · · · · · · · · · · · · ·	
Mailing address for future corresp	nondance (annual report polices):
•	). Box 626, Hailey, ID 83333
F. U	
Future effective date of filing (option	onal):
. attars should date of hing topu	
Institute of organization (Asserting	is a magnification of the
gnature of organizer(s). (An organizer i ing in behalf of a member or members).	is a marrider, Or is
of the state of th	Secretary of State use only
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ped Name: Thomas C. Pragga	astis g
VAGENT FOR	MEMBER IDAMO SECRETARY OF ST
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