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CERTIFICATE	OF ORGANIZATIO	N FILED EFFECT
LIMITED LIA	BILITY COMPANY	
(Instructions	on back of application)	09 FEB 27 PM :
. The name of the limited lial		SECRETARY OF STATE OF IDA
	Lost Horse Ranch LLC.	
The complete street and ma	ailing addresses of the initial d	lesignated/principal office:
•	588 Lost Horse Ln. Kuna, Idaho 836	
(Street Address)	same	
(Mailing Address, if different than street	address)	
. The name and complete str	eet address of the registered	agent:
Mark M. Okhana	0599 Last Horn	e Ln. Kuna, Idaho 83634
Mark M. Gibbons (Name)	(Street Address)	e Lh. Ruha, Idano 05054
company: <u>Name</u> Mark M. Gibbons	t least one member or manag 9588 Lost Hore	<u>Addrees</u> e Ln. Kuna, Idaho 83634
Marvin M. Gibbons	3230 Terri Dr	. Meridian Idaho 83642
	<u> </u>	
•	orrespondence (annual report	
Lost Horse R	anch LLC. 9588 Lost Horse Ln. Kur	na, idaho 83634
Future effective date of filin	n (optional): Effec	tive upon approval
. Future effective date of filin	g (optional):Effec	tive upon approval
. Future effective date of filin gnature of organizer(s). (An org	g (optional).	tive upon approval
	anizer is a member, or is	
gnature of organizer(s). (An org ting in behalf of a member or memi	panizer is a member, or is pers).	Secretary of State use only
gnature of organizer(s). (An org ting in behalf of a member or memi gnature Mark M. a	panizer is a member, or is pers).	
gnature of organizer(s). (An org ting in behalf of a member or memb gnature Mark M. &	g (optionar).	
gnature of organizer(s). (An org ting in behalf of a member or memi gnature Mark M. a	panizer is a member, or is pers).	
gnature of organizer(s). (An org ting in behalf of a member or memb gnature <u>Mark M. ex</u> /ped Name: <u>Mark M.</u>	g (optional).	

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