

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JAN 19 AM 9: 33

SECHETARY OF STATE

The name of the limited liability compa	any is: STATE OF IDAHO
BLUE	THUNDER, LLC
The complete street and mailing addre	esses of the initial designated/principal office:
520 Juniper Ro	oad, Sun Valley, ID 83353
(Street Address) Post Office Bo	x 727, Ketchum, ID 83340
(Mailing Address, if different than street address)	
The name and complete street addres	s of the registered agent:
Christopher T. duPont	520 Juniper Road, Sun Valley, ID 83353
(Name)	(Street Address)
company:	member or manager of the limited liability
Name	Address
Christopher T. duPont	Post Office Box 727, Ketchum, ID 83340
N. d. 111- a. a. alabara a fara farbaran a carrena a malabara	(annual report polices):
Mailing address for future corresponde	ance (annual report notices).
Post Office B	ox 727 Ketchum ID 83340
Future effective date of filing (optional)	);
nature of organizer(s). (An organizer is a mo	ember, or is
g in behalf of a member or members).	Secretary of State use only
4	Generally of State use only
ed Name: Robert Korb	
ed Name: Robert Korb	
	IDAHO SECRETARY OF STATE  100 000 000 000 000 000 000 000 000 00
nature	——
ed Name:	CK: 7448 CT: 2264 BH: 1264

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