

CERTIFICATE OF ORGANIZATION

(Instructions	Son back of application) ABILITY COMPANY Solid by the company is:
. The name of the limited lia	ability company is:
Albarran Enterprises, LLC	TO THE STATE OF TH
The complete street and made 408 North 2nd Street, Bellevue	pailing addresses of the initial designated office:
PO Box 4658, Ketchum, ID 83	3340
(Mailing Address, if different than stree	et address)
The name and complete sti	reet address of the registered agent:
Edward Albarran	408 North 2nd Street, Bellevue, ID 83313
(Name)	(Street Address)
	correspondence (annual report notices):
PO Box 4658, Ketchum, ID 83	0040
· · · · · · · · · · · · · · · · · · ·	
Future effective date of filin	mber or authorized
Future effective date of filing an anager, mentions.	ng (optional):
PO Box 4658, Ketchum, ID 83 Future effective date of filin gnature of a manager, mentions. gnature ped Name: Edward Albarran	mber or authorized

12/20/2012 05:20 CK: 1046 CT: 277416 BH: 1352268 1 2 100.00 = 100.00 ORGAN LLC # 3

Typed Name: __