FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2009 JAN 20 AM 8: 42

| Private Funds Management, LLC  The complete street and mailing addresses of the initial designated/principal office:  482 Sunterna Drive, Idaho Falls, ID 83404  (Street Address)  (Malling Address, if different than street address of the registered agent:  Tracy Tremalling  (Street Address)  482 Sunterna Drive, Idaho Falls, ID 83404  (Name)  482 Sunterna Drive, Idaho Falls, ID 83404  (Street Address)  483 Sunterna Drive, Idaho Falls, ID 83404  Nathen Christensen  320 Red Fox Drive, Idaho Falls, ID 83401  5. Mailing address for future correspondence (annual report notices):  482 Sunterna Drive, Idaho Falls, ID 83404  6. Future effective date of filling (optional):  Signature of organizer(s), IAn organizer is a member, or is acting in behalf of a member of manageries at member, or is acting in behalf of a member of manageries at member, or is acting in behalf of a member of manageries.  Typed Name:  Typed Name:  Typed Name:  Typed Name:  The Address of the initial designated/principal office:  1840 Sunterna Drive, Idaho Falls, ID 83404  1850 Sunterna Drive, Idaho Falls, ID 83404  1851 Sunterna Drive, Idaho Falls, ID 83404  1852 Sunterna Drive, Idaho Falls, ID 83404  1853 Sunterna Drive, Idaho Falls, ID 83404  1853 Sunterna Drive, Idaho Falls, ID 83404  1853 Sunterna Drive, Idaho Falls, ID 83404  1854 Sunterna Drive, Idaho Falls, ID 83404  1855 Sunterna Drive, Idaho Falls, ID 83404  1855 Sunterna Drive, Idaho Falls, ID 83404  1855 Sunterna Drive, Idaho Falls, ID 83404  1856 Sunterna Drive, Idaho Falls, ID 83404  1857 Sunterna Drive, Idaho Falls, ID 83404  1858 Sunterna Drive, Idaho F |                 | (Instructions on back                    | c of application)                | SECHEIARY OF STA                    |
|--|-----------------|--|----------------------------------|-------------------------------------|
| Private Funds Management, LLC  2. The complete street and mailing addresses of the initial designated/principal office:  482 Sunterna Drive, Idaho Falis, ID 83404  (Sireat Address)  (Mailing Address, # different than sheat address)  3. The name and complete street address of the registered agent:  Tracy Tremalling  482 Sunterna Drive, Idaho Falis, ID 83404  (Bireat Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  Tracy Tremelling  482 Sunterna Drive, Idaho Falis, ID 83404  Nathan Christansen  320 Red Fox Drive, Idaho Falis, ID 83401  5. Mailting address for future correspondence (annual report notices):  462 Sunterna Drive, Idaho Falis, ID 83404  6. Future effective date of filing (optional):  Signature of organizer(s), IAa organizer is a member, or is acting in behalf of a member members.  Signature  Typed Name:  The Tremelling  Typed Name:  The Street and mailing address of the initial designated principal of the init | 1. The name     | e of the limited liability cor           | mpany is:                        | STATE OF IDAHO                      |
| (Street Address)  (Malling Address, if different than street address of the registered agent:  Tracy Tremalling  482 Sunterra Drive, Idaho Falls, ID 83404  (Norme)  482 Sunterra Drive, Idaho Falls, ID 83404  (Street Address)  483 Sunterra Drive, Idaho Falls, ID 83404  (Street Address)  484 Sunterra Drive, Idaho Falls, ID 83404  Nathen Christensen  320 Red Fox Drive, Idaho Falls, ID 83401  5. Maliting address for future correspondence (annual report notices):  482 Sunterra Drive, Idaho Falls, ID 83404  6. Future effective date of filing (optional):  Signature of organizer(s). Lag organizer is a member, or is setting in behalf of a member members).  Signature  Typed Name:  Typed Name:  Typed Name:   |                 |  |                                  |                                     |
| (Atiling Address, if different than street address of the registered agent:  Tracy Tremelling 462 Sunterra Drive, Idaho Falls, ID 83404  (Birest Address)  4. The name and address of at least one member or manager of the limited liability company:  Name Address  Tracy Tremelling 482 Sunterra Drive, Idaho Falls, ID 83404  Nathen Christensen 320 Red Fox Drive, Idaho Falls, ID 83401  5. Malling address for future correspondence (annual report notices):  482 Sunterra Drive, Idaho Falls, ID 83404  6. Future effective date of filling (optional):  Signature of organizer(s), 169 organizer is a member, or is setting in behalf of a member of members).  Bignature  Typed Name:  Typed Name:  Tibour Tremelling  Typed Name:  | 2. The comp     |  |                                  | i/principal office:                 |
| Tracy Tremelling  Tracy Tremelling  A62 Sunterra Drive, Idaho Falls, ID 83404  (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  Tracy Tremelling  A52 Sunterra Drive, Idaho Fells, ID 83404  Nethen Christensen  320 Red Fox Drive, Idaho Fells, ID 83401  5. Malling address for future correspondence (annual report notices):  452 Sunterra Drive, Idaho Fells, ID 83404  6. Future effective date of filing (optional):  Signature of organizer(s), IAa organizer is a member, or is soling in behalf of a member or members.  Signature  Typed Name:  Typed Name:  Typed Name:   | (Street Add     |  |                                  |                                     |
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| Tracy Tramelling  1492 Sunterra Drive, Idaho Falis, ID 83404  Nathen Christensen  320 Red Fox Drive, Idaho Falis, ID 83401  5. Malling address for future correspondence (annual report notices): 462 Sunterra Drive, Idaho Falis, ID 83404  6. Future effective date of filing (optional):  Signature of organizer(s), IAa organizer is a member, or is acting in behalf of a member of members.  Signature  Typed Name:   | (Neme)          |  | (Street Address)                 |                                     |
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| Signature  Typed Name:  Tipour screens of Siste use only  Thought screens of Siste use only  Thought screens of Siste use only  Thought screens of Siste use only  Typed Name:   | 6. Future e     | itective date of Hill D (obrio           | //ISI)                           |                                     |
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| Signature  Typed Name:  Typed Name:  Typed Name:   | soting in behal | of a member of members).                 |                                  | ry of State use only                |
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