

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

(Instructions on back of application)

10 JUL 26 PM 12: 34

1. The name of the limited liability compa	Bry SECRETARY OF STATE
•	sses of the initial designated/principal office:
The name and complete street address of the registered agent:	
TYMER OSON (Name)	6387 River Road Clark FORK ID Street Address) 83811
The name and address of at least one member or manager of the limited liability company:	
Megan Olson  Tymer Olson	Address 6381 River Road Clark Fork ID 83811
5. Mailing address for future correspondence (annual report notices):  P.O. Box 941 Clark Fork ID 8381/	
6. Future effective date of filing (optional): August - 01 - 2010	
Signature of a manager, member or authorized person.	
	Secretary of State use only
Signature Tymer Olson  Typed Name: Tymer Olson	
Signature	
Typed Name:	IDAHO SECRETARY OF STATE
cert_ol	CK: 1119 CT: 197311 BH: 1232225 1 8 180.08 = 100.000RGAN LLC # 2