## CERTIFICATE OF ORGANIZATION

	LIMITED LIAE	BILITY COMPANY	SECRETARY III STATE	
33	(Instructions or	n back of application)	STATE OF LOAHO	
1. The nam	ne of the limited liabili	ity company is:		
	R	Rokan River Bend Managers LLC		
. The com	plete street and maili	ng addresses of the initial desig	nated/principal office:	
540 2nd /	Ave. N. Ste. 101, Ketchun	n, ID 83340		
(Street Add PO Box 1	ress) 1271 Ketchum, ID 83340			
(Mailing Ad	dress, if different than street add	dress)		
. The nam	e and complete stree	t address of the registered agen	t:	
Michael P	age 'age	540 2nd Ave. N. Ste. 101 Ket	chum, ID 83340	
(Name)		(Street Address)		
Michael P	age	540 2nd Ave. N. Ste. 101 Ket	shum, ID 83340	
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A***				
			•	
		espondence (annual report notice	es):	
PO 86X 12	271 Ketchum, ID 83340			
Future effe	ective date of filling (o	ptional):		
	, , , , , , , , , , , , , , , , , , ,	F-11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
gnature of	a manager, membe	er or authorized		
rson.	•			
gnature <u>/</u>	Day	Sec	xetary of State use only	
ped Name:	Michael Page			
			IDAHO_SECRETARY OF STATE	
nature			1 42/17/2911 05:	
ped Name:			CK: 689452 CT: 172899 BH: 18 1 8 188.88 = 188.88 ORGAN LL	

1 0 20.00 = 20.00 EXPEDITE C # 3