

Typed Name:

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

(Instructions on back of application)

10 SEP 13 AM 10: 36

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STATE OF	IDAHO

1. The name of the limited liability company is	s: STATE OF IDAHO	
Wood River Co		
<ol><li>The complete street address, and mailing ad principal office:</li></ol>	ddress if different, of the initial designated/	
1761 Laurelwood Drive,	, Hailey, Idaho 83333	
3. The name of the commercial registered age address of the non-commercial registered ag		
Stephanie Elder 1761 Laurelwe	ood Drive, Hailey, Idaho 83333	
<ol> <li>The name and address of at least one mem company:</li> <li>Name</li> </ol>	ber or manager of the limited liability  Address	
Stephanie Elder 17	761 Laurelwood Drive, Hailey, Idaho 83333	
i. Mailing address for future correspondence (	•	
1761 Laurelwood Drive,	, Hailey, Idaho 83333	
6. Future effective date of filing (optional):		
ignature of an organizer(s). (An organizer is a many secting in behalf of a required, and existing, initial pref		
r members).	Secretary of State use only	
ignature	org_lic.PM	
yped Name: Kara Figueroa, Legalzoom.com, Inc	IDAHO SECRETARY OF STATE  ODATO OD TO THE ODAHO SECRETARY OF STATE  OD	
/ lignature	09/13/2010 05:00 09/13/2010 05:00 CK: 486635 CT: 167623 BN: 1238614	
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