

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 MAR 12 AM 8: 54

(Instructions on back of application)

SECRETARY OF STATE

		STATE OF IDAHO	
1. The name of the limited liabi	ility company is:		
Hebgen Lake Eagle's Nest LLC			
 The complete street and mail 935 First Street, Idaho Falls, ID 8 	-	e initial designated office:	
(Street Address)			
(Mailing Address, if different than street a	address)		
3. The name and complete stre	et address of the re	gistered agent:	
Michael P. Groth		935 First Street, Idaho Falls, ID 83401	
(Name)	(Street Address	(Street Address)	
4. The name and address of at company:	least one member of	or manager of the limited liability	
Michael P. Groth	935 First Str	935 First Street, Idaho Falls, ID 83401	
Mary Jill Groth	935 FIRST STR	935 First Street, Idaho Falls, ID 83401	
5. Mailing address for future con		ual report notices):	
935 First Street, Idaho Falls, ID 8			
6. Future effective date of filing	(ontional):		
or I diding effective date of filling	(optionar).		
Signature of a manager, mem	ber or authorized	,	
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the K	7	Secretary of State use only	
yped Name: Steven R. Parry, Organizer		IDAHO SECRETARY OF STATE	
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