

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

FILED EFFECTIVE

ΉE

	(Instructions on bac	k of application)	HAPRII AM 9
1.	The name of the limited liability co	1 1 4	SEGAL ARY OF STATE OF IDAH
	MOOSE MOUNTAI		
2. The complete street and mailing addresses of the initial designated/principal			cipal office:
	205 FERRIS L	ANE REXBURG, ID	83440
		•	
	(Mailing Address, if different than street address)		
3.	The name and complete street add	ress of the registered agent:	
B	(Name)	2105 FERRIS LANE REYBUS (Street Address)	LL, ID 83440
	The name and address of at least of company:	one member or manager of the limite	d liability
<u>r-</u>	Name	Address	
Ĭ.	PIAN J. STEVENS	2105 FERRIS LANE PEXBUIL	61D 33440
	Avara J. Stevens	2105 Ferris Lane Rexbu	rg, 11> 83440
<b>5</b> .	Mailing address for future correspond	ndence (annual report notices):  NE REXBURG, IP &	33440
<b>6</b> . I	Future effective date of filing (option	nal):	
Sign pers	ature of a manager, member or	authorized	
	Prince	Secretary of Stat	e use only
	ature Plan J. STEVE	2	
ıyp€	d Name: BRIAN J. STEW	Elys	
Sign	ature WHUNX	IDAHO SECR <b>64/11/2</b>	ETARY OF STATE 011 05:00
_	d Name: AUdra Chun	CX: 651151 CT: 1 0 190.00 = 10	172099 BH: 1268603 8.88 ORGAN LLC # 2

Typed Name: Avara Stevens

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