



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 NOV 13 PM 2:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

The Rogue Lily, LLC

2. The complete street and mailing addresses of the initial designated office:

6200 N River Pointe Dr., Apt i 201, Garden City, ID 83714

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Amanda Jo Smith

(Name)

6200 N River Pointe Dr., Apt i 201, Garden City, ID 83714

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Amanda Jo Smith

6200 N River Pointe Dr., Apt i 201, Garden City, ID 83714

5. Mailing address for future correspondence (annual report notices):

6200 N River Pointe Dr., Apt i 201, Garden City, ID 83714

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Amanda Jo Smith

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/13/2013 05:00
CK: CASH CT: 289651 BH: 1397872
1 @ 100.00 = 100.00 ORGAN LLC # 2

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