## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION NUG 11 PM 2: 59 LIMITED LIABILITY COMPANY ECRETARY OF STATE STATE OF IDAHO

	(Instructions on back of ap	pplication)
1.	The name of the limited liability company is:	
	Copper Creek LLC	
2.	The complete street and mailing address	es of the initial designated/principal office:
	454 N 16th st. Poctello ID 83201	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Jake Schley	454 N 16th st.
	(Name) (Stre	et Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name	Address
	Jake Schley	454 N 16th st
E	Molling address for filture common and an ar-	. Compared to the state of the
5.	Mailing address for future correspondence (annual report notices): 454 N 16th st. Pocatello ID 83201	
6. 1		
0.	Future effective date of filing (optional):	
	nature of organizer(s). (An organizer is a membe g in behalf of a member or members).	
Cias	atura 110	Secretary of State use only
_	ed Name Jake Schley	5
. , ,		m <sup>1</sup>
Sign	ature	O8/11/2008 05:00 CK: 141651 CT: 172099 BH: 1131226 1 0 100.00 = 100.00 ORGAN LLC # 2
Туре	ed Name:	OB/11/2008 05:00  CK: 141651 CT: 172099 BH: 1131226  1 6 100.00 = 100.00 ORGAN LLC # 2