| CERTIFICATE OF O | |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| | |
| (Instructions on back or | |
| 1. The name of the limited liability comp | IY IS: |
| STAGHORN L | LC |
| | ses of the initial designated/principal office: |
| $\frac{62}{(\text{Street Address})}$ 5, 70+ | NSON ST |
| | 57035 |
| 3. The name and complete street addres NICH みよう B | of the registered agent: |
| Name) | 621 S. SOHNSON ST REDISE 83705 |
| | BOISE 83705 |
| The name and address of at least one member or manager of the limited liability company: | |
| NICHOLAS B Name | Address |
| ALCE WADSWORTH | 621 S. JOHNSON ST |
| | BOISE 83705 |
| | |
| | |
| | |
| | |
| | |
| 5. Mailing address for future corresponde | · · · · · · · · · · · · · · · · · · · |
| 621 5 JOHNSO | ST BOISE W 8370 - |
| 6. Future effective date of filing (optional) | |
| , | · · · · · · · · · · · · · · · · · · · |
| Signature of a manager, member or au person. | norized |
| Signature Dille Un | Secretary of State use only |
| Typed Name: New WADSWORT | L |
| NICHOLAS | |
| Signature | |
| Typed Name: | 1 2 100.00 = 100.00 ORGAN LLC # 2 |

cert_org_lic Rev. 07/2010