

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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W X	(Instructions on i	back of application)	- • •
1.	The name of the limited liability	company is:	SECRETARY OF STATE STATE OF IDAHO
The complete street and mailing addresses of the initial designated office:     3 Wildrose Lane (Lane Ranch), Sun Valley, ID 83353  (Street Address)			lesignated office:
	PO Box 2028, Sun Valley, ID 83353 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Jeff A. McNee (Name)	3 Wildrose Lane (Lane (Street Address)	Ranch), Sun Valley, ID 83353
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Jeff A. McNee	Address PO Box 2028, Sun Valley, ID 83353	
5.	Mailing address for future corre PO Box 2028, Sun Valley, ID 83353	spondence (annual repor	t notices):
6.	Future effective date of filing (o	ptional):	
_	nature of a manager, memberson.	r or authorized	Secretary of State use only
_	nature	<u> </u>	·
•	ped Name:		IDAHO SECRETARY OF STATE 21/03/2012 05:00
_	nature		CK: 5889 CT: 253347 BH: 1384283
Typ	ped Name:		T & TRAIGN - TARSERS PAIRIES - P