FILED EFFECTIVE



Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2009 JAN -5 AM 8: 02 SECRETARY OF STAFF

25	(Instructions on ba	ack of application) STATE OF IDAHO
. The nan	ne of the limited liability o	company is:
		BLACK SUMMIT, LLC
The con	· ·	addresses of the initial designated/principal office: CCROSSING, MERIDIAN, ID 83642
(Street Ad		
(Mailing A	ddress, if different then street address	9)
The nar	ne and complete street a	ddress of the registered agent:
·	BRETT HUGHES	3637 PARK CROSSING. MERIDIAN, ID 83642
(Name)		(Street Address)
compan	Name BRETT HUGHES	Address 3637 PARK CROSSING, MERIDIAN, ID 83642
	SEAN CONNER	3637 PARK CROSSING, MERIDIAN, ID 83642
•		
		·
, Mailing a	•	condence (annual report notices);
	3637 PARK	CROSSING, MERIDIAN, ID 83642
. Future e	ffective date of filing (opt	ional):
	-	
gnature of	organizer(s). (An organizer	is a member, or is
ting in behal	of a member or members).	Committee of State two cody
gnature /	R. Man	Secretary of State use only
ped Name	ROBERT MONTGOMER	(Attorney) IDANG SECRETARY OF 91 / 95 / 2609
anatura	<u>\</u>	IDAMO SECRETARY OF 95 91/95/2009
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