



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAY 18 AM 10:17

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

VOGEL RANCH LLC

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

1001 Pine Street, Clark Fork, Idaho 83811

(Street Address)

P.O. Box 419, Clark Fork, Idaho 83811

(Mailing Address, if different than street address)

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

Maureen Snider

(Name)

901 Pine Street, Clark Fork, ID 83811

(Street Address)

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

**Name**

**Address**

Maureen Snider

901 Pine Street, Clark Fork, ID 83811

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

P.O. Box 419, Clark Fork, Idaho 83811

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Maureen C Snider

Typed Name: Maureen C Snider

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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05/18/2011 05:00  
CK: 2036 CT: 258926 BH: 1274192  
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