



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

Maureen Snider

Address

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

Secretary of State use only

Signature _____
Typed Name: _____

IDaho SECRETARY OF STATE
05/18/2011 05:00
CK: 2036 CT: 258926 BH: 1274192
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