



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR -3 AM 8: 53

1. The name of the limited liability company is:

Elevation LLC

SECRETARY OF STATE
STATE OF IDAHO

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

961 Eastridge Drive Hailey, ID 83333

(Street Address)

PO Box 3762 Hailey, ID 83333

(Mailing Address, if different than street address)

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

Jerry Odgaard

(Name)

961 Eastridge Drive Hailey, ID 83333

(Street Address)

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

Name

Address

Tor Jensen

441 Eastridge Drive Hailey, ID 83333

Jerry Odgaard

961 Eastridge Drive Hailey, ID 83333

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

PO Box 3762 Hailey, ID 83333

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: Jerry Odgaard

Signature _____

Typed Name: Tor Jensen

Secretary of State use only

W91164

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IDAHO SECRETARY OF STATE
03/03/2010 05:00
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