



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Copper Key LLC

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

445 E Fallingbranch Dr

(Street Address)

Meridian, ID 83642

(Mailing Address, if different than street address)

SECRETARY OF STATE  
STATE OF IDAHO

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

Dan Goggins

(Name)

445 E Fallingbranch Dr

(Street Address)

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

Name

Dan Goggins

Address

445 E Fallingbranch Dr

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

445 E Fallingbranch Dr, Meridian, ID 83642

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Dan Goggins

Secretary of State use only

Signature \_\_\_\_\_

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

IDaho SECRETARY OF STATE  
05/17/2012 05:00  
CK: 1751 CT: 253482 BH: 1324531  
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