FILED EFFECTIVE



Typed Name: __

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAY -9 AM 9: 24

(Instructions on back of application)

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| STATE | OF | 'ID/ | /HO | |

| | DEUM INTOPSIAIE | | |
|---|---|--|--|
| The name of the limited liability | company is: STATE OF IDAHO | | |
| 609 | Riverfront Drive Holding LLC | | |
| 2. The complete street and mailing 533 Main Street, Salmon ID 83467 | addresses of the initial designated/principal office: | | |
| (Street Address) PO Box 1227, Salmon, ID 83467 | | | |
| (Mailing Address, if different than street addre 3. The name and complete street a | | | |
| o. The hame and complete street a | address of the registered agent. | | |
| Bill C Allen | 533 Main Street, Salmon ID 83467 | | |
| (Name) | (Street Address) | | |
| The name and address of at lea company: | st one member or manager of the limited liability | | |
| <u>Name</u> | <u>Address</u> | | |
| Everette Jones | 609 Riverfront Drive, Salmon ID 83467 | | |
| | | | |
| Mailing address for future corres PO Box 1227, Salmon ID 83467 | spondence (annual report notices): | | |
| 6. Future effective date of filing (op | otional): | | |
| Signature of a manager, member | r or authorized | | |
| person. | Secretary of State use only | | |
| Signature Tweeth H | aus | | |
| Typed Name: Everette Jones | | | |
| \mathcal{O}^{-} | | | |
| Signature | IDAHO SECRETARY OF STATE 05/09/2011 05:0 | | |

cert_org_lic Rev. 07/2010

CK: 9772 CT: 258605 BH: 1272804 1 0 100.00 = 100.00 (RGAN LLC # 2