



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 24 AM 9:21

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Harvey Exline LLC

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

1260 BLUE LAKE DRIVE

(Street Address)

HAILEY, ID 83333

(Mailing Address, if different than street address)

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

PAUL EXLINE

(Name)

1260 BLUE LAKE 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**

PAUL EXLINE

1260 BLUE LAKE DRIVE, HAILEY, ID 83333

JULIE HARVEY

1260 BLUE LAKE DRIVE, HAILEY, ID 83333

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

PO BOX 3207, SUN VALLEY, ID, 83333

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

Signature of a manager, member or authorized person.

Signature Paul Exline  
Typed Name: PAUL EXLINE

Signature [Signature]  
Typed Name: JULIE HARVEY

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/24/2011 05:00  
CK: 1215 CT: 221855 BH: 1256634  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 4

W99770