

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 FEB 13 AM 9: 02



The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO	
MMDM5, LLC		- OHAHO	
The complete street and ma	<u> </u>	e initial designated office:	
(Street Address) P.O. Box 2028, Sun Valley, ID 8			
(Mailing Address, if different than street	·		
The name and complete str	eet address of the req	gistered agent:	
Jeff A. McNee	120 North 2nd	120 North 2nd Avenue, Suite 201, Ketchum, ID 83340	
(Name)	(Street Address		
company:	t least one member o	r manager of the limited liability	
<u>Name</u> Harold D. McNee, Jr.	120 North 2nd	Address 120 North 2nd Avenue, Suite 201, Ketchum, ID 83340	
Jeff A. McNee	120 North 2nd	120 North 2nd Avenue, Suite 201, Ketchum, ID 83340	
,	·		
·			
Mailing address for future or	· ·	al report notices):	
P.O. Box 2028, Sun Valley, ID 8	33353		
Future effective date of filing	a (optional).		
Tatale ellective date of mility	g (optional).		
gnature of a manager, men	mber or authorized		
- then 1	_	Secretary of State use only IDAHO SECRETARY OF STATE	
ignature Walls Annual Is		02/13/2015 05:00	
ped Name: Harold D. McNed, J	<u> </u>	CK:1083 CT:306179 BH:146168 16 100.00 = 100.00 ORGAN LLC	
gnature That I		WHITAI	
· <u> </u>		14 1 1 7 1	

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Typed Name: