

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 JUN 15 AM 9: 43

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability compa	pany is: STATE OF IDAHO	
	Barlo	low Partners, LLC	
2.	•	esses of the initial designated/principal office:	
	(Street Address)	Suite L, Ketchum, Idaho 83340	
	Post Office Box	( 429, Ketchum, Idaho 83340	
_	(Mailing Address, if different than street address)		
3.	The name and complete street addres	ss of the registered agent:	·
	Gary D. Storey	323 Lewis Street, Suite L, Ketchum, Idaho 83340	,"
	(Name)	(Street Address)	, eq.
4.	The name and address of at least one company:  Name	e member or manager of the limited liability  Address	
	Gary D. Storey	Post Office Box 429, Ketchum, Idaho 83340	F .
			12 1
		The state of the s	
5.	Mailing address for future corresponder	lence (annual report notices): x 429, Ketchum, Idaho 83340	
6.	Future effective date of filing (optional	I):	
_	nature of organizer(s). (An organizer is a m ng in behaif of a member or members).	· · · · · · · · · · · · · · · · · · ·	
_	nature D	Secretary of State use only	
Тур	ped Name: ) Gary D. Storey	Thous concerns	
Sig	nature	06/15/2009 05; CK: 465 CT: 225822 BH: 11 1 \$ 199.60 = 160.60 GROOM	E 200 74649
Тур	ped Name:		LLC #

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