

Signature

Typed Name: \_\_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

10 AUG 17 PM 1:48

(Instructions on back of application) JECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: Hopkins Teton Reserve, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 910 E. Carol Street, Meridian, ID 83646 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Hopkins Financial Services, Inc. 910 E. Carol Street, Meridian, ID 83646 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name **Address** 910 E. Carol Street, Meridian, ID 83646 Hopkins Growth Fund, LLC 5. Mailing address for future correspondence (annual report notices): 910 E. Carol Street, Meridian, ID 83646 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature / Typed Name: Randu

IDAHO SECRETARY OF STATE

98/17/2019 95:00

CK: 3442 CT: 237842 BH: 1235143
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