

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 JAN -3 PM 2: 08

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1.	The name of the limited liability com	npany is: STATE OF IDAHO
	Gold M	fining Claims Etc., LLC
2.	The complete street and mailing addresses of the initial designated office:	
	114 6th Street, Osburn Idaho 83849	
	(Street Address) P.O. Box 842 Osburn Idaho 83849	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	John Walter Thomas	114 N. 6th Street, Osburn, Idaho, 83849
	(Name)	(Street Address)
4.	The name and address of at least or company:	ne member or manager of the limited liability
	<u>Name</u>	<u>Address</u>
	John Walter Thomas	114 N. 6th Str. P.O Box 842, Osburn, idaho 83849
5	Mailing address for future correspon	odence (annual report notices):
J.	P.O. Box 842, Osburn, Idaho 83849	dence (annual report nouces).
	1.0. Box 042, 035diff, Idaho 00043	
6.	Future effective date of filing (options	al):
	• , ,	
Sig	nature of a manager, member or	authorized
per	son.	Secretary of State use only
Sia	motions of the the	Osaccary of Clare and Office
_	ped Name. John Walter Thomas	
י ארי	ed Hallis.	
Sia	nature	IDAHO SECRETARY OF STATE 01/03/2012 05:00
Typed Name:		
<i>-</i> 1		1 B 20 90 = 20 00 EXPEDITE C #

cert_org_lic Rev. 07/2010

W109608