

Signature _____ Typed Name: _

CERTIFICATE OF ORGANIZATION

	LIMITED LIABILI	TY COMPANY 18 NOV 1	7 AM 8:36
Į.	(Instructions on bac		THE OF STATE
1.	The name of the limited liability co	And the second s	FY OF STATE OF IDAHO
	•	NGER 3 FLYERS, LLC	-
2.	The complete street and mailing a	ddresses of the initial designated/	principal office:
	192 Ridge View Drive, Lenore, ID 8354	1	
	(Street Address) P.O. Box 2226, Orofino, ID 83544		
	(Mailing Address, if different than street address)		
3.	The name and complete street add	dress of the registered agent:	
	JERRY L. BRANNING	192 Ridge View Drive, Lenore, ID 83	3541
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability		
•	company:		
	<u>Name</u>	<u>Address</u>	
	Lyle & Katherine Hendricks	507 Neff Road, Orofino, ID 83544	
	Gary & Caroline Tragesser	88 Scenic Lane, Orofino, ID 83544	
	Lonnie & Shannon Simpson	P.O. Box 363, Orofino, ID 83544	
	Jerry L. Branning	P.O. Box 2226, Orofino, ID 83544	
_	NAME OF THE PROPERTY OF THE PR		
5.	Mailing address for future correspo	ongence (annual report notices):	
	P.O. Box 2226, Orofion, ID 83544		
	Future effective date of filing (ontic	onal):	
6.	I didic circuliae date of filling tobic	,	
6.	Tatale checure date of hims topac		
	nature of a manager, member of	or authorized	
Sig			of Clata yant-
Sig	nature of a manager, member of		of State use only

IDAHO SECRETARY OF STATE
11/17/2010 05:00
CK: 1701 CT: 251774 BH: 1247488
1 2 100.00 = 100.00 ORGAN LLC # 2

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