

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

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(Instructions on back of application)

The name of the limited liability co	ompany is:
Gold Mining Claims and Projects, LLC	
The complete street and mailing a	ddresses of the initial designated/principal office:
(Street Address) P.O. Box 842, Osburn ,Idaho 83849	
(Mailing Address, if different than street address)	
The name and complete street add	dress of the registered agent:
John Walter Thomas	114 N. 6th Street, Osburn, Idaho
(Name)	(Street Address)
The name and address of at least company:	one 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
Mailing address for future correspondence of the second of	ondence (annual report notices):
r.o. box 042, Osbum, Idano 63549	
Future effective date of filing (option	onal):
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nature of a manager, member of son.	
nature of a manager, member of son.  nature	or authorized
nature of a manager, member of son.	Secretary of State use only  IDAHO SECRETARY OF STATE

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