

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY OREC 20 A 9: 27

1	EINITED LIADIEIT	I COMITAIN	10 DEC 20 M	· •
To be	(Instructions on back	of application)	SECRETARY C STATE OF	STATE
1.	The name of the limited liability com	pany is:	STATE OF)AHO
	GEN	I CHAIN BAR, LLC.		
2.	The complete street and mailing addresses of the initial designated/pr			ncipal office:
	93 Highway 95 North, Grangeville, ID 83530			
	(Street Address) P. O. Box 608, Grangeville, ID 83530			
	(Mailing Address, If different than street address)			
3.	The name and complete street addre			
	Rick Peterson			3530
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limit company: Name Address			ed liability
	Rick Peterson	93 Highway 95 North, Grangeville, ID		3530
	Kim Peterson	93 Highway 95 North, Grangeville, ID 8		3530
		7		
5	Mailing address for future someone	lana. /	at at	
5.	Mailing address for future correspond	ience (annuai repoi	T notices):	
	P. O. Box 608, Grangeville, ID 83530			
6	Future effective date of filing (optiona	ı.		
Ū.	. Stare encouve date of filing (optiona	·····	***************************************	
Sigr	nature of a manager, member or a	authorized		
pers			Secretary of S	
Sign	ature Rick Peterson		Secretary of S	are use only
_	ed Name: Rick Peterson			
		<u> </u>		
Sign	ature		12/20	CRETARY OF STATE 2010 05:00
	ed Name:		CK: 3722 C	: 70789 BH: 1251639 100,00 ORGAN LLC # 2
			T & TAG.00	

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