

Typed Name: _

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY -7 AM 8: 50

1. The name of the limited liability	oomnanii is:	SECRETARY OF STATE
The name of the limited liability of the liabi	• •	STATE OF IDAHO
Tri	ple R Stables & Arena, LLC	<u> </u>
2. The complete street and mailing		<u> </u>
(Street Address)	ms Road, New Plymouth, ID 8	3033
(Short Marioto)		<u> </u>
(Mailing Address, if different than street address	s)	
3. The name and complete street a	ddress of the registered a	agent:
Paul J. Stark	660 E. Franklin Road	, Ste. 220, Meridian, ID 83642
(Name)	(Street Address)	
 The name and address of at leas company: 	st one member or manage	er of the limited liability
Name		Address
Galen Lee	5485 Adams Road, New Plymouth, ID 83655	
 		
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	<u> </u>	
		**
5. Mailing address for future corresp	•	·
Paul J. Stark, 660 E.	Franklin Road, Ste. 220, Mer	dian, ID 83642
•		
6. Future effective date of filing (opt	ional):	
Signature of organizer(s). (An organizer	is a member, or is	
acting in behalf of a member or members).	/)	Ot
- While like		Secretary of State use only
Signature X	LC formsteart_org_Rc.PMD	
Typed Name: Gaten Lee	Š	
	ormsk 2008	IDAHO SECRETARY OF STATE
Signature		CK: 6724 CT: 234878 NH: 1921289

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