



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV 15 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Four Seasons Ventures, LLC

2. The complete street and mailing addresses of the initial designated office:

1022 Lincoln Road, Idaho Falls, Idaho, 83401

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Jack Meikle

(Name)

1022 Lincoln Road, Idaho Falls, Idaho, 83401

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Jack Meikle

1022 Lincoln Road, Idaho Falls, Idaho, 83401

Douglas Hadley

1022 Lincoln Road, Idaho Falls, Idaho, 83401

5. Mailing address for future correspondence (annual report notices):

1022 Lincoln Road, Idaho Falls, Idaho, 83401

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: _____

Ryan Meikle

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/15/2012 05:00
CK: NONE CT: 12945 BH: 1347664
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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