



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 JUL -9 PM 3:49

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

MaGoose, LLC

2. The complete street address, and mailing address if different, of the initial designated/ principal office:

3805 Shadow Pine Cr. (Box 654), Post Office Box 654, New Meadows, ID 83654

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

Lynn McDonald, 3805 Shadow Pine Cr.

New Meadows, ID 83654

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

Name

Address

Lynn McDonald

Post Office Box 654, New Meadows, ID 83654

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

Post Office Box 654, New Meadows, ID 83654

6. Future effective date of filing (optional):

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name:

Lynn McDonald

Signature

Typed Name:

Secretary of State use only

W75880

IDAHO SECRETARY OF STATE  
07/10/2008 05:00  
CK: 3396 CT: 1729 BH: 1126384  
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