



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 OCT 20 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Dry Fly Ventures LLC

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

109 Simpson Dr. Ketchum, ID 83340

(Street Address)

PO Box 2667 Ketchum, ID 83340

(Mailing Address, if different than street address)

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

Michael Fisher

(Name)

109 Simpson Dr. Ketchum, ID 83340

(Street Address)

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

Name

Address

Michael Fisher

109 Simpson Dr. Ketchum, ID 83340

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

PO Box 2667 Ketchum ID, 83340

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Michael Fisher

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/20/2011 05:00
CK: 814308710 CT: 263456 BH: 1294958
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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