

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2013 APR 29 PM 3: 04

VI TO	(Instructions on back	of application)	SECRETARY OF STATE
1. The name	of the limited liability con	npany is:	STATE OF IDAHO
Lucky	Peak Roo		
2. The compl	ete street and mailing add	· · · —	designated office:
421	E Blue	Heran	.
(Street Address	ssit	83646	<u> </u>
_ 	ess, if different than street address)	0 36 96	
3. The name	and complete street addr	ess of the registered	agent:
Jess	sie Clauss	421 E	Blue Heiran ERITIAN ED
(Name)		(Street Address) W	
4 The name	and address of at least or	no mombor or mono	83646
company:	and address of at least of	ne member or mana	ger or the inflited liability
$\widehat{}$	<u>Name</u>		Address
<u>Jessa</u>	e CLAMAS	421 E	Blue Herron
			Meridian ID
			13646
		<u></u>	<u> </u>
			
			<u> </u>
5. Mailing add	dress for future correspon	dence (annual repor	t notices):
421	E Blue H	cra Mera	IMA ID 83646
6. Future effe	ective date of filing (option	al):	
Cianatura of			
person.	a manager, member or	authorized	
	7-11		Secretary of State use only
Signature	JOSTIC LIAMAS		
Typed Name:	-JOSDIE LLAMAS		
Cimmotores			IDAHO SECRETARY OF STATE 04/29/2013 05:00
		• • • • • • • • • • • • • • • • • • •	CK: 1378911 CT: 172099 BH: 1371648
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