



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 MAY -9 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lemhi Little Lost, LLC

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

1380 N 4000 W, Rexburg, ID 83440

(Street Address)

(Mailing Address, if different than street address)

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

Dave Stricklan

(Name)

1380 N 4000 W, Rexburg, ID 83440

(Street Address)

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

Name

Address

Dave Stricklan

1380 N 4000 W, Rexburg, ID 83440

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

1380 N 4000 W, Rexburg, ID 83440

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Dave Stricklan

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
05/09/2013 05:00
CK: 4395 CT: 282954 BH: 1373125
1 @ 100.00 = 100.00 ORGAN LLC # 2

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