

## CERTIFICATE OF ORGANIZATION

	EU LIABILI	TY CUMPANT	11 AFR -4 AM 8:45
(Ir	nstructions on back	of application)	SECT TY OF STATE
. The name of the	limited liability con	npany is:	STATE OF IDAHO
	Sr	nowyside Pass LLC	
	eet and mailing adenue, Ketchum, ID 833		designated/principal office:
(Street Address) PO Box 2318, Keto (Mailing Address, if diffi	chum, ID 83340		
The name and co	omplete street addr	ress of the registered	agent:
Kenneth A. Fox		351 Edelweiss Avenue, Ketchum, ID 83340	
(Name)	<del></del>	(Street Address)	
	<u>Name</u>		Address
Kenneth A. Fox	<del></del> -	PO Box 2318, Ketchun	- <del></del>
		351 Edelweiss Avenue	, Ketchum, ID 83340 (physical)
·			
	-		
. Mailing address f	or future correspon	dence (annual report	notices):
PO Box 2318, Keto	-	,	•
. Future effective d	late of filing (option	al):	
gnature of a man	ager member or	authorized	
erson.	ager, member or	authorized	
gnature Let	2-a.5	ip	Secretary of State use only
rped Name: Kennet	h A. Fox		
	<del></del>		
gnature			_ IDAHO SECRETARY OF STAT

04/04/2011 05:00 CK: 1220 CT: 255764 BH: 1267595 1 @ 100.00 = 100.00 ORGAN LLC # 2

Typed Name: \_\_\_\_\_