

Signature: Anv. 01/2018

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2018 AUG 14 PM 4: 12 SECRETARY OF STA

FILED EFFECTIVE

Title 30, Chapters 21 and 25, idaho Code Base Filing fee: \$100.00 typed, \$120 not typed

	Complete and submit th	STATE OF IDAHO		
1.	The name of the limited liability company is: Lost River Clippers, LLC			~. .
	(Remember to include the words "Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., U.C., or LC)			
2.	The complete street and mailing addresses of the principal office is: 3339 W 3165 N; Moore, ID 83255			
	(Streel Address) PO Box 454; Moore, ID 83255			
	(Mailing Address, if different)			
3.	The name and complete street address of the registered agent:			
	Barbara Andersen	3339 W 3165 N; M	loore, ID 83255	
	Name	(Address)		
) .	The name and address of at least one governor of the limited liability company: Trevor Andersen 3339 W 3165 N; Moore, ID 83255			
	Namo	(Address)		
	Barbara Andersen	3339 W 3165 N; M	loore, ID 83255	
	(Name	(Address)		
				•
	(Name:	(Address)		
	(Name:	(Address)		
5.	Mailing address for future correspondence (annual report notices): PO Box 454; Moore, ID 83255			
	(Address)			
Sion	nature of organizer(s).			•
_	ted Name: Barbara Andersen	· .	Secretary of State use	only
Sigr	nature: <u>Boubour Ondu</u>	rlm	08/15	CRETARY OF STATE /2018 05:80 T:172099 BH:165886
>rin	ited Name:			100.00 ORGAN LLC #

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