

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

10 MAY -3 AM 9:17

<ol> <li>The name of the limited liability comp</li> </ol>	pany is: SECRETARY OF STATE
R	SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing address	esses of the initial designated/principal office:
101 W Dandelion Sun Valley, I	
(Street Address) PO Box 1499 Sun Valley, ID 83	353
(Mailing Address, if different than street address)	
3. The name and complete street address	ss of the registered agent:
James R. Donoval	101 W. Dandelion, Sun Valley, ID 83353
(Name)	(Street Address)
The name and address of at least one company:	member or manager of the limited liability
<u>Name</u>	Address
James R. Donoval	101 W. Dandelion, Sun Valley, ID 83353
and the second s	
5 Mailing address for fithire command	and the second of the second o
5. Mailing address for future corresponde	ence (annual report notices): 39, Sun Valley, ID 83353
F.O. DOX 148	79, Sun Valley, ID 63393
6. Future effective date of filing (optional)	i:
Signature of organizer(s). (An organizer is a me	ember, or is
acting in behalf of a member or members).	
Signature Amp Romeral	Secretary of State use only
Typed Name: James R. Donovai	
l	SS
Signature	IDAHO SECRETARY OF STATE  95/03/2010 05:00  CK: 1314 CT: 245027
Typed Name:	IDAHO SECRETARY OF STATE
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