

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 FF8 - 1 AM 8: 56

(Instructions on back	or application)
e name of the limited liability com	npany is: SECRETARY OF STATE
Albatross Man	ragement Group LLC
•	dresses of the initial designated office:
182 PLEASANT VIEW REXBURG IDAH	
Street Address)	
Mailing Address, if different than street address)	
ne name and complete street addr	ress of the registered agent:
EN CLARK	235 E. YELLOWSTONE #B ST ANTHONY ID 83445
Name)	(Street Address)
mpany:	one member or manager of the limited liability
/ADE HATHAWAY	1182 PLEASANT VIEW REXBURG ID 83440
EN CLARK	235 E. YELLOWSTONE #B ST ANTHONY ID 83445
·	
ailing address for future correspon	ndence (annual report notices):
182 PLEASANT VIEW REXBURG ID 834	·
ture effective date of filing (option	nal):
ture of a manager, member or	authorized
•• The state of the state of th	Secretary of State use only
ure k	
Name: Ben Clark	
	TRAMA SEPORTADY RE STATE
ure	02/01/2012 95:00
Name:	1 8 188.80 = 180.88 GRGAN LLC %
	e name of the limited liability cor Albatoss Man e complete street and mailing ad 182 PLEASANT VIEW REXBURG IDAI- street Address) falling Address, if different than street address) e name and complete street address ename and address of at least of impany: Name PADE HATHAWAY EN CLARK sailing address for future corresponsible PLEASANT VIEW REXBURG ID 83 ture effective date of filing (option ture of a manager, member or increase of a manager, member or increase of a manager, member or increase of a manager of a manager. Name: Name: