FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

08 DEC 17 AM 10:43

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

   SNAKE RIVER STAMPEDE, LLC

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

   109 12TH AVENUE SOUTH, NAMPA, ID 83651
   (Street Address)

   PO BOX 231, NAMPA, ID 83653
   (Mailing Address, if different than street address)

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

   WILLIAM F. YOST (Name)

   4 OGDEN AVENUE, NAMPA, ID 83651 (Street Address)

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

Name	Address
NAMPA HARVEST FESTIVAL	PO BOX 231, NAMPA, ID 83653
ASSOCIATION	

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

   PO BOX 231 Nampa ID 83653

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____
Typed Name: WILLIAM F. YOST, ATTORNEY

Signature _____
Typed Name: _____

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Revised 07/2008

Secretary of State use only

IDAHO SECRETARY OF STATE
12/17/2008 05:00
CK: 12821 CT: 3632 BH: 1148666
1 @ 100.00 = 100.00 ORGAN LLC # 3

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