

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1.	The name of the limited liability com	SECTION OF STATE  STATE OF IDAHO  Expansion 1 LLC				
2.	The complete street and mailing addresses of the initial designated office:  319 Puchner Lane, Ketchum, ID 83340  (Street Address)					
	PO Box 501, Sun Valley, ID 83353 (Mailing Address, if different than street address)					
3.	. The name and complete street address of the registered agent:					
	Florian Penalva	6508 W. Fairview Ave., Boise, ID 83704				
	(Name)	(Street Address)				
4.	The name and address of at least one member or manager of the limited liability company:					
	<u>Name</u>	<u>Address</u>				
	Florian Penalva	319 Puchner Lane, Ketchum, ID 83340				
5.	Mailing address for future correspon	ndence (annual report notices):				
	6508 W. Fairview Ave., Boise, ID 83704					
6.	Future effective date of filing (option	nal):				
_	nature of a manager, member or son.	authorized				
PU		Secretary of State use only				
Sig	nature Pour A					
Typ	ped Name: Florian PENT	ALVA				

cert\_org\_llc Rev. 07/2010

Signature\_\_\_\_\_

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

IDAHO SECRETARY OF STATE

26/15/2012 25:20

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