

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 APR -4 AM 9: 10

	(Instructions on ba	ck of application)	SPORPIJE PLI PATE	
1.	The name of the limited liability of	company is:	Stokenski Gaskate Stalenski maln	
	LRO & CLO, LLC	. ,	On the St. IMAIN	
2.	The complete street and mailing a 18208 US HWY 30, Hagerman, ID 83 (Street Address)		esignated office:	
	(Mailing Address, if different than street address	3		
3.	The name and complete street address of the registered agent:			
J.	The name and complete street address of the registered agent.			
	Layne Osborne	18208 US HWY 30, Ha	18208 US HWY 30, Hagerman, ID 83332	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u> Judy Osborne	18208 US HWY 30, Ha	Address	
		_	···	
5.	Mailing address for future corresp	ondence (annual report	notices):	
	18208 US HWY 30, Hagerman, ID 83	•	•	
•				
6.	Future effective date of filing (opti	ional):		
_	nature of a manager, member son.	or authorized		
pci.			Secretary of State use only	
Sig	nature <u>July Olyme</u>			
Тур	ed Name: July Osporne			
	V		accortant or other	
Sig	nature		IDAHO SECRETARY OF STATE 04/04/2014 05:00	
	ed Name:		CK: 861 CT: 295222 BH: 1418593 1 0 100.00 = 100.00 ORGAN LLC # 2	
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