



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 MAY 11 AM 10: 48

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
1. The name of the limited liability com	
Lost i	River Recreation LLC
The complete street address, and maprincipal office:	nailing address if different, of the initial designated/
221 Main	St., Mackay, Idaho 83251
3. The name of the commercial registe address of the non-commercial regis	ered agent; or the name and complete street stered agent:
United States Corporation Agents,	Inc., 943 West Overland Road, Meridian, ID 83642
company:	ne member or manager of the limited liability
Name Name	<u>Address</u>
Robert MacNeilage	221 Main St., Mackay, Idaho 83251
Mark Brinton	221 Main St., Mackay, Idaho 83251
	**
5. Mailing address for future correspond	idence (annual report notices):
•	St., Mackay, Idaho 83251
6. Future effective date of filing (options	al):
Signature of an organizer(s). (An organizer or is acting in behalf of a required, and existing, i	
or members).	Secretary of State use only
Signatura	다.
Signature	com Inc.
Typed Ivalile.	IDAHO SECRETARY OF STATE
Signature	95 95/11/2616 95:0 0 78 CK: 44419 CT: 167623 MH: 12217
Typed Name:	1 0 188.90 = 189.90 DRGAN LLC 1 0 29.90 = 20.90 EXPEDITE C

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