## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2009 MAR 12 AM 11: 54

FILED EFFECTIVE

(Instructions on back of application)

The name of the limited liability of	company is: STATE OF STATE
Ma	pose Draw Association, LLC
The complete street and mailing	addresses of the initial designated/principal office:
,	scoll Ridge Road, Troy, ID 83871
(Street Address)	O. Box 453, Troy, ID 83871
(Mailing Address, if different than street address	
The name and complete street ac	ddress of the registered agent:
Dan Steffens	1155 Driscoll Ridge Road, Troy, ID 83871
(Name)	(Street Address)
The name and address of at leas company:	st one member or manager of the limited liability
Name	Address
Dan Steffens	1155 Driscoll Ridge Road, Troy, ID 83871
)	
Mailing address for future correspondence P.C.	pondence (annual report notices):  O. Box 453, Troy, ID 83871
	<u>*</u>
. Future effective date of filing (opt	tional):
gnature of organizer(s). (An organizer	is a member, or is
ting in behalf of a member or members).	Secretary of State use only
gnature Jusan K. W.Ls	ittorney 1000 SECRETARY OF S
/ped Name. Susan R. Wilson, A	attorney 5
	772000
gnature	OT News
yped Name:	IDAHO SECRETARY OF 9