

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

09 APR 16 AM 8: 07

<b>Q</b> #	(Instructions on back o	f application)	Orma.
1.	The name of the limited liability comp	any is:	RETARY OF STATE TATE OF IDAHO
	Intermour	ntain Equity Group LLC	- 10/440
2.	The complete street and mailing addresses of the initial designated/principal office:		
	240 Leadville	e Ave, Ketchum, ID 83340	
	(Street Address)	4 Sun Valley, ID 83353	
	(Malling Address, if different than street address)		
3.	The name and complete street address	s of the registered agent:	in the second of
	Tobias C. Ripsom	240 Leadville Ave, Ketchum	, ID 83340
	(Name)	(Street Address)	· · · · · · · · · · · · · · · · · · ·
		•	$e_{i} \in \mathcal{A}_{i} \times \mathbb{R}_{i}$
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	Tobias C. Ripsom	PO Box 284 Sun Valley, ID 83353	
			· · · · · · · · · · · · · · · · · · ·
		<u> </u>	<u> </u>
5.	Mailing address for future corresponde	ence (annual report notices):	
•		4 Sun Valley, ID 83353	
6.	Future effective date of filing (optional	):	
		a. Tanàna	
Sigi	nature of organizer(s). (An organizer is a m	ember, or is	and Agricultural States (1994) in the second se
actin	ng in behalf of a member or members).	Secretary o	f State use only
Siar	nature	Qwd.	Total and only
_	ed Name: Tobias C. Ripsom		
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Sigr	nature	002/20 CK: 3	/16/2009 05:00

Typed Name:

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