

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETINY OF S	ATE
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 The name of the limited liability 	ty company is: STATE OF IDA	
н	lonalee Farm Event Center, LLC	
	ng addresses of the initial designated/principal office:	
(Street Address)		
(Mailing Address, if different than street add	ress)	
3. The name and complete street	address of the registered agent:	
Wylie H. Griffith	7010 Moon Valley Road, Eagle, Idaho 83616	
(Name)	(Street Address)	
The name and address of at leacompany:	ast one member or manager of the limited liability	
<u>Name</u>	Address	
Wylie H. Griffith	7010 Moon Valley Road, Eagle, Idaho 83616	
-		
5. Mailing address for future corres	spondence (annual report notices):	
7010 Moon Valley Road, Eagle, Idaho	n 83616	
6. Future effective date of filing (op	tional):	
Signature of a manager, member person.	or authorized	
Signature	Secretary of State use only	
Typed Name: Steve Weeks		
Signature	THAIS APARELLA CO	
Typed Name:	IDANO SECRETARY OF STATE 04/11/2011 05:00	
	CK: 5071 CT: 192242 BH: 1268557	

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CK: 5871 CT: 192242 BH: 1268557 1 8 189.88 = 180.88 ORGAN LLC N 2