

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

E CEPTI	FICATE OF OI	DC AND	TATION A
	TED LIABILITY		PANY USER
COLUMN (	Instructions on back o	f application	1) SECON S
. The name of the	e limited liability comp .C	eany is:	PANY  SERIES  Initial designated office:
. The complete st 220 N. 3rd Ave. H	•	esses of the	initial designated office:
(Street Address) PO Box 5733 Hai	ley, ID 83333		
(Mailing Address, if di	fferent than street address)		
. The name and o	complete street addres	ss of the re	gistered agent:
Heather McGrego	)r	220 N. 3rd Ave. Hailey, ID 83333	
(Name)		(Street Address	
		or 220 N. 3rd	Ave. Hailey, ID 83333
5. Mailing address PO Box 5733 Hai	for future corresponde ley, ID 83333	ence (annu	al report notices):
6. Future effective	date of filing (optional	):	
Signature of a ma person.	nager, member or a	uthorized	
110 1			Secretary of State use only
Signature Heats  Typed Name: Heats	er M. Gregor		10AHO SECRETARY OF STATE 06/05/2015 05:00 CK:1196 CT:311006 BH:1478
Signature			16 100.00 = 100.00 ORGAN L
Typed Name:			

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