



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 NOV 14 AM 8:14

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Corner Fox LLC

2. The complete street and mailing addresses of the initial designated office:

1545 Shire Drive, Victor, Idaho 83455

(Street Address)

P.O. Box 669, Victor, Idaho 83455

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Julie Stomper

(Name)

189 N. Main Street, Suite 206, Driggs, Idaho 83422

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Aaron Powers

P.O. Box 669, Victor, Idaho 83455

5. Mailing address for future correspondence (annual report notices):

P.O. Box 669, Victor, Idaho 83455

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Aaron Powers

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

11/14/2013 05:00

CK: 1001 CT: 202670 BH: 1390032

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