

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

THE OF Y	(Instructions on back of applicati	on) ZUIJ MAY 17 PM I2: 02
/1	e of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
2. The com  224 (Street Add	blete street and mailing addresses of the West Holly Mountains	ne initial designated office:
3. The name	e and complete street address of the re	egistered agent:
(Name)	Vierra 2244 v (Street Address	Jest Hollymtn Or Eagle Id 8341L
4. The name company	e and address of at least one member	or manager of the limited liability
Phili	P Vierra	Address "らみみ"
5. Mailing ac 2244	ddress for future correspondence (annu West HollyMtn Or E	
6. Future eff	ective date of filing (optional):	
Signature of person.	a manager, member or authorized	
Signature	Phylist -	Secretary of State use only
Typed Name:	Philip Vierra	

IDANO SECRETARY OF STATE
05/17/2013 05:00
CK: 2367 CT: 263276 RH: 1374366
1 0 100.00 = 100.00 ORGAN LLC 0 2

W125453

Signature

Typed Name: