



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAY 10 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cro-Magnon LLC

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

208 Heigho New Meadows ID 83654

(Street Address)

PO Box 27 New Meadows ID 83654

(Mailing Address, if different than street address)

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

Toby Burden

(Name)

208 Heigho New Meadows ID 83654

(Street Address)

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

Name

Address

Toby Burden

PO Box 27 New Meadows ID 83654

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

PO Box 27 New Meadows ID 83654

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Tobias D. Burden

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/10/2013 05:00
CK: 1478 CT: 282727 BH: 1373267
1 @ 100.00 = 100.00 ORGAN LLC # 2

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