







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005522479

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same D descriptions below) | ay Service (see          | Expedited (+\$40; filing fee \$140)   |         |
|---|--------------------------|---|---------|
| 1. Limited Liability Company Name   |                          | 1: 7: 11: 177 0   |         |
| Type of Limited Liability Company   |                          | Limited Liability Company   |         |
| Entity name   |                          | Pony Creek Enterprises, LLC   |         |
| The complete street address of the principal office is:     Principal Office Address                                |                          | 300 N CANYON CREEK RD<br>NEWDALE, ID 83436  |         |
| 3. The mailing address of the principal office is:  |                          |   |         |
| Mailing Address   |                          | PO BOX 69<br>NEWDALE, ID 83436-0069   |         |
| 4. Registered Agent Name and Address  |                          |   |         |
| Registered Agent  |                          | Registered Agent<br>Lewis Hagler<br>Physical Address:<br>300 N CANYON CREEK RD<br>NEWDALE, ID 83436 |         |
|   |                          | Mailing Address:<br>PO BOX 69<br>NEWDALE, ID 83436-0069   |         |
| I affirm that the registered agent appoint  | ted has consented        | I to serve as registered agent for this e   | entity. |
| 5. Governors  |                          |   |         |
| Name  |                          | Address   |         |
| Lewis Hagler  | PO BOX 69<br>NEWDALE, ID | PO BOX 69<br>NEWDALE, ID 83436  |         |
| Signature of Organizer:   |                          |   |         |
| Lewis Hagler  |                          | 12/1  | 19/2023 |
| Sign Here   |                          | Date  |         |