

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

FILED EFFECTIVE 09 SEP 23 AM 9: 08

	(Instructions on back	k of application) SECRETARY OF STAT	
1.	The name of the limited liability con	SECRETARY OF STAT STATE OF IDAHO	
	•	5 degrees LLC	
2.	The complete street and mailing ad	ddresses of the initial designated/principal office:	
	810 South Main Street Sulte D Hailey, ID 83333		
	(Street Address)	Box 3661 Hailey, ID 83333	
	(Mailing Address, If different than street address)		
3.	The name and complete street address of the registered agent:		
	Linda Larsen	189 Deer Creek Rd Hailey, ID 83333	
	(Name)	(Street Address)	
	ompany:  Name	one member or manager of the limited liability  Address	
	Linda Larsen	PO Box 3661 Hailey, ID 83333	
	Troy Larsen	PO Box 3661 Halley, ID 83333	
5.	Mailing address for future correspon	ondence (annual report notices):	
	-	Box 3661 Halley, ID 83333	
		onelly N/A	
6.	Future effective date of filing (option	onaly:	
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SIG	nature of organizer(s). (An organizer is a ng in behalf of a member or members).		
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