

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(instructions on	back of application)	OF STATE
1. The name of the limited liabilit	y company is:	SECRE AY OF STATE STATE OF IDAHO
	Archer Creek, LLC	JIME OF THE
2. The complete street and mailin 877 E 7800 S, Rexburg ID 83440		designated/principal office:
(Street Address)		
(Mailing Address, if different than street add	ress)	
3. The name and complete street	address of the registered	agent:
Wendy Summers	Vendy Summers 877 E 7800 S, Rexburg ID 83440	
(Name)	(Street Address)	
The name and address of at leacompany:	ast one member or manag	er of the limited liability
Name		Address
Trent L. Summers	877 E 7800 S, Rexburg	ID 83440
Wendy Summers	877 E 7800 S, Rexburg	ID 83440

5. Mailing address for future corre 877 E 7800 S, Rexburg ID 83440	spondence (annual report	notices):
6. Future effective date of filing (op	otional):	
Signature of a manager, member oerson.	r or authorized	Secretary of State use only
Signature by the annual		
Typed Name: Trent L. Summers		
Signature // Jensey Summers Typed Name: Wendy Summers	mes x	IDAHO SECRETARY OF STATE 03/14/2011 05:00 CK: 401 CT: 256520 BH: 1264200 1 9 100.00 = 100.00 ORGAN LLC #

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