

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

CR + 01	(Instructions on	back of application	u) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ne of the limited liabilit	y company is:	GEGRETARY OF STATE STATE OF IDAHO	
Maze A	dventures LLC		SINIEUFILIANU	
	nplete street and mailir Yellowstone Hwy, Idaho Fa	•	e initial designated office:	
(Street Ad	dress)			
(Mailing A	ddress, if different than street add	lress)		
3. The nam	he name and complete street address of the registered agent:			
Jaren La	ayton	3099 Pinnaci	e Drive Idaho Falls, Idaho 83401	
(Name)	• • •	(Street Address	e)	
4. The nan		east one member o	or manager of the limited liability	
	Name		Address	
Jaren La	ayton	3099 Pinnacle Drive, Idaho Falls, Idaho 83401		
Troy Mo	Troy Mortensen		214 Water Tower Circle, Albion, Idaho 83311	
 -				
5. Mailing	address for future corr	espondence (annu	al report notices):	
3130 N.	Yellowstone Hwy, Idaho F	alls, Idaho 83401		
6. Future e	effective date of filing (o	optional):		
Signature o	of a manager, member	er or authorized		
Signature			Secretary of State use only IDAHO SECRETARY OF STATE 07/07/2014 05:00	
Typed Name	e: Jaren Layton		CK:CASH CT:298714 BH:1432124 16 100.00 = 100.00 ORGAN LLC #	
Signature			W 139757	
Typed Name				

cert_org_lic Rev. 07/2010