

Signature_

Typed Name: Maureen Foster

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 FEB -3 AM 8: 14

(1 → 0)	(Instructions on back	of application)
1. The name of	of the limited liability com	of application) SECRETARY OF STATE INDEX STATE OF IDAHO VerCity Classics LLC
	Riv	verCity Classics LLC
2. The comple	ete street and mailing add	dresses of the initial designated/principal office:
	3454 E	E 200 N Rigby ID 83442
(Street Address	s)	
(Mailing Address	ss, if different than street address)	
3. The name a	and complete street addr	ress of the registered agent:
В	rent Lee Foster	3454 E 200 N Rigby ID 83442
(Name)		(Street Address)
4. The name a company:	and address of at least or	ne member or manager of the limited liability
	<u>Name</u>	Address
Ma	aureen Beth Foster	3454 E 200 N Rigby ID 83442
		_29:
*		
<u></u>		
4		
5. Mailing add	Iress for future correspon	ndence (annual report notices):
and a second	•	E 200 N Rigby ID 83442
		
6. Future effect	ctive date of filing (option	al):
	janizer(s). (An organizer is a	member, or is
acting in behalf of	a member or members).	Secretary of State use only
Signature	Kent Le Cate	
کر:۔۔۔۔ Typed Name:	Brent Foster	Dominicari, org. K. PMD
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