

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2013 MAY 14 AM 8: 29

(Instructions on back of application)

	·	,	CIPTUIT OF STATE
1. The	e name of the limited liability com	pany is:	SECTION OF DATE STATE OF DATE
Th	ne Guide Den LLC		VIVIL OF HAMIO
91	The complete street and mailing addresses of the initial designated office: 9167 Shelby Street, Victor, Idaho 83455 (Street Address)		
<u> </u>			
	ailing Address, if different than street address)	•	
3. The	The name and complete street address of the registered agent:		
Mi	ichael Dawes	9167 Shelby Street, Victor	r, Idaho 83455
(Na	ame)	(Street Address)	
	e name and address of at least one member or manager of the limited liability npany:		
	Name		ddress
MI	chael Dawes	9167 Shelby Street, Victor	, Idaho 83455
_			
	iling address for future correspond 67 Shelby Street, Victor, Idaho 83455	dence (annual report no	otices):
6. Fut	ure effective date of filing (options	al):	
Signatu person.	ure of a manager, member or	authorized	Secretary of State use only
Signatu	ro India	:	Secretary of State use only
Typed N		-	
, , pou 1			
Signatu	re	: :	IDAHO SECRETARY OF STATE
	Name:		CK: 2120 CT: 243482 BH: 1373685 1 P 160.00 = 100.00 ORGAN LLC # 2

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