

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 APR 13 AM 9: 15

	(Instructions on back o	of application)	SECRETARY OF STATE
_	of the limited liability comp	pany is:	STATE OF IDAHO
		resses of the initi	al designated/principal office:
-	-		st Falls, 1P, 83854
(Street Addre	ss)	10,90	, , , , , , , , , , , , , , , , , , , ,
(Malling Addr	ess, if different than street address)		
3. The name	and complete street addre	ss of the register	red agent:
TRAVI	S D. CHAPMAN	2820 N.	Rawhide Ridge
(Name)		(Street Address) Pos	Rawhide Ridge + Falls, 1D 83854
4. The name company:	and address of at least on	e member or ma	nager of the limited liability
	Name	Ullal	Address My Slaver A
200	y condin	7701 8	4 Hur st Alene ID, 83815
Josep	h H Lonah	L'oeur d	111che +0, 83815
	•		
-	dress for future correspond	•	
2820	N. Rawhide Rid	lge, Post	talls, 10 83854
6 Future offe	ective date of filing (optiona	nD•	
o. I ululo ciil	Jours date of filling (options	"')*	
Signature of or	ganizer(s). (An organizer is a r	nember. or is	
-	f a member or members).		O- make at Okai-
		QWd	Secretary of State use only
Signature	TOANS O CHAR	formskert, org. Ke.PMC	en e
Typed Name:	- (ICHOIS P. CHAPA	TAN-	
Signature	well for	LC form 07/206	IDANO SECRETARY OF STATE 04/13/2009 95:19
Funed Name:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	wised wised	CX: 2174 CT: 231919 BH: 11655 1 0 100.00 = 100.00 ORBAN LL(

W83037