



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

2014 MAY -6 AM 8:29

(Instructions on back of application)

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

ALPINE DETAIL LLC

2. The complete street and mailing addresses of the initial designated office:

4041 WOODSIDE BLVD #6 HAILEY ID 83333
(Street Address)

P.O. BOX 4407 HAILEY ID 83333
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

ELLIOTT K. LACASSE

(Name)

4041 WOODSIDE BLVD #6 HAILEY ID 83333

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

ELLIOTT K LACASSE

Name

Address

P.O. Box 4407 HAILEY ID 83333

5. Mailing address for future correspondence (annual report notices):

P.O. Box 4407 HAILEY ID 83333

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Typed Name: ELLIOTT K LACASSESignature Typed Name: Carleen La Casse

Secretary of State use only

IDaho SECRETARY OF STATE
05/06/2014 05:00
CK:251 CT:296526 BH:1423492
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