



# 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:

Name

Address

ELLIOTT K LACASSE
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 LACASSE

Signature

Typed Name:

Carleen LaCasse

Secretary of State use only

IDAHO SECRETARY OF STATE

05/06/2014 05:00

CK:251 CT:296526 BH:1423492

1@ 100.00 = 100.00 ORGAN LLC #2

W/37556