

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAR 10 PM 12: 18

(Instructions on back of application)

	•	,	SECENTY OF STATE
1.	The name of the limited liability cor	mpany is:	STATE OF IDAHO
	Rocki	Mountain Ventures	s, LLC
2.	The complete street and mailing ad 540 S 1530 W Pingree, ID 83262	dresses of the i	nitial designated/principal office:
	(Street Address) P.O. Box 93 Pingree, ID 83262 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Anthony R Nawrocki	540 S 1530 W	Pingree, ID 83262
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	Anthony R Nawrocki	540 S 1530 W	Pingree, ID 83262
			4
5	Mailing address for future correspondence (annual report notices):		
P.O. Box 93 Pingree, ID 83262			(a)
	F.O. BOX 93 Filigree, 1D 03202		
6.	6. Future effective date of filing (optional):		
_	nature of a manager, member or son.	authorized	
•	nature_wlRnJ		Secretary of State use only
Tyr	ped Name: Anthony R Nawrocki		
• •			IDAHO SECRETARY OF STATE
Sig	nature		03/10/2011 05:00 04.3402 CT. 256393 RH: 1263640
Typed Name:			1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3
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