



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAY -5 AM 9:43

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

L.N. Ventures, LLC

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

665 West Main St. Rexburg, ID 83440

(Street Address)

Same as Above

(Mailing Address, if different than street address)

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

Lois A Nelson

(Name)

665 West Main St. Rexburg, ID 83440

(Street Address)

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

Name

Address

Lois A Nelson

665 West Main St. Rexburg, ID 83440

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

665 West Main St. Rexburg, ID 83440

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Lois A Nelson

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/05/2014 05:00

CK:181 CT:296433 BH:1423170

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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