

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 08 SEP -2 PM 1: 26

	(Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is:
	LAZARUS VOLTA HeliskiinG LLC
2.	The complete street and mailing addresses of the initial designated/principal office: 53 COYOTE LANE, VICTOR, ID, 83455
	(Street Address) 30 EAST LITTLE AVENUE, DRIGGS, ID, 83422 (Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	ROB Merrill 53 COVOTE LANE, VICTOR, ID 83455 (Name) (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:
	NATASHA NOVOSELOVA 30 EAST LITTLE AVE. DRIGGS, ID 83422
	at an entire state of the participant of the state of the
5.	Mailing address for future correspondence (annual report notices): 30 CAST LITTLE AVE, DRIGGE, ID, 83422
	JO CHAIL MALE AND A STATE OF THE STATE OF TH
6.	Future effective date of filing (optional):
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Sig	gnature of organizer(s). (An organizer is a member, or is ing in behalf of a member or members). Secretary of State use only
c:	
•	ped Name: ALEXEY BEATCHIKOV ped Name: Description of State
٠,	IDAHO SECRETARY OF STATE 97/02/2008 05:06
	gnature CK: 3497 CT: 229361 BH: 113416
Ту	ped Name:

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