

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2015 MAY -4 AM 9: 24

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	(instructions on c	back of application	1)		7.5	
The name of the limited liability company is:				SECRETARY STATE OF		
EIK	Butte Rec	reation LLC	7		· .	
2. The comp	olete street and mailing	addresses of the	initial design	ated office:		
(Street Addr		Street, Ell		Edaho 838	527_	
(Mailing Add	iress, if different than street addre					
3. The name	e and complete street a	address of the reg	istered agent			
Rita (Name)	Whitcomb	206 8 m (Street Address)	Ave De	eary ID 8	3823	
4. The name company:	e and address of at lea :	st one member o	manager of	the limited liabi	lity	
Bita	Whitcomb	205 8	have, De		3823	
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5. Mailing a	ddress for future corres	spondence (annua	al report notic	es):		
	>	Deary ID	83823	<b></b>		
+ -		icea y			<del></del>	
6. Future eff	fective date of filing (or	otional):	-		· · · · · · · · · · · · · · · · · · ·	
	a manager, membe	r or authorized				
person.	7	ſ	Se I DA	cretary of State use or	nly F STATE	
Signature A			85	0/04/2015	5:00	
Typed Name: Bita Whitcomb			16 100.0	$CT: 309760 \ 0 = 100.00 \ 0$	RGAN LLC	
Signature			16 20.00	) = 20.00 EX	PEDITE C #	
	Typed Name:			W151096		