

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 21 AM 8: 48

SECRETARY OF STATE

1. The name of the limited liability c	ompany is: STATE OF IDAHO
	VAMPS LLC
2. The complete street and mailing a	addresses of the initial designated/principal office:
120 Yarre	ow Lane, Ketchum, Idaho 83340
(Street Address) Post Office	Box 4186, Ketchum, Idaho 83340
(Mailing Address, if different than street address	)
3. The name and complete street ac	Idress of the registered agent:
Margot L. Ritz	120 Yarrow Lane, Ketchum, Idaho 83340
(Name)	(Street Address)
company:	t one member or manager of the limited liability
Name Name	Address P.O. Box 4186, Ketchum, idaho 83340
Margot L. Ritz	P.O. Box 4160, Retchum, Idano 63540
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5. Mailing address for future corresp	ondence (annual report notices):
-	P.O. Box 6090, Ketchum, Idaho 83340
6. Future effective date of filing (opti	ional):
Signature of organizer(s). (An organizer	is a member, or is
acting in behalf of a member or manibered.	Secretary of State use only
Signatura	QWds
Typed Name: John A. Seiller, Org	anizer
Typeu Ivaille.	86 Section 1997
Signature	IDANO SECRETARY OF STATE  180/21/2029 95 200  CK: 5621 CT: 59696 BH: 1191988  1 2 188.90 = 199.98 ORGAN LLC #
Typed Name:	10/21/2009 05:00 CK: 5621 CT: 50696 BH: 1191900
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