

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 OCT 31 PM 3: 10

he name of the limited liability	y company is:	STATE OF IDA	
	Kemosabe, L.L.C.	OTAL OF IDA	
The complete street and mailin	~	lesignated/principal office:	
(Street Address)	<del></del>		
(Mailing Address, if different than street add	ress)		
The name and complete street	address of the registered	agent:	
Guy Jones Levingston III	6066 East Grand Prairie	6066 East Grand Prairie Drive, Boise Idaho 83716	
(Name)	(Street Address)		
Guy Jones Levingston III	6066 East Grand Prairie	e Drive, Boise Idaho 83716	
Mailing address for future corre	espondence (annual report	t notices):	
6066 East Grand Prairie Drive, Bois		,	
Future effective date of filing (d	optional): N/A		
inature of a manager, member	er or authorized		
son.		Secretary of State use only	
nature	Nor III		
ped Name: Guy Jones Levingston I			
1/2			
nature <i>NA</i>			
ped Name:/ N/A			

IDAHO SECRETARY OF STATE 10/31/2011 05:00 CK: 821261 CT: 172099 BH: 1296356 1 2 100.00 = 108.00 ORGAN LLC # 2

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