



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
10 SEP 20 AM 8:42

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Salmon Falls Field Services LLC

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

4475 N 900 E  
(Street Address)

Buhl ID 83316  
(Mailing Address, if different than street address)

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

J. Melaine Crites  
(Name)

4475 N 900 E Buhl ID 83316  
(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>J. Melaine Crites</u>	<u>4475 N 900 E Buhl ID 83316</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

4475 N 900 E Buhl ID 83316

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

Signature of a manager, member or authorized person.

Signature J. Melaine Crites  
Typed Name: J. Melaine Crites

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/20/2010 05:00  
CK: NO CK# CT: 251398 BH: 1239672  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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