

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JUN 29 AM IO: 27

(Instructions on back of application)

SECDETADY O

The name of the limited liab	ility company is:	STATE OF IDAHO	
Montunes LLC	mily company is.		
The complete street and mai	•	e initial designated office:	
(Street Address)			
(Mailing Address, if different than street a	address)		
The name and complete stre		egistered agent	
		g.o.c. ou age	
Leslie Christie		Ave., Boise, ID, 83706	
(Name)	(Street Address	(Street Address)	
The name and address of at company:	least one member	or manager of the limited liability	
Name		Address	
Leslie Christie	2401 S Apple	2401 S Apple St., Apt A208, Boise, ID, 83706	
Holly Christie	20 Defoe St. , Pittsburgh, PA, 15214		
Mailing address for future co	rrespondence (anni	ual report notices):	
2472 S Law Ave. , Boise, ID, 838	•	,	
Future effective date of filing	(optional):		
ature of a manager, mem	ber or authorized		
on.	/	Secretary of State use only	
ature Vul-		IDAHO SECRETARY OF STATE	
ed Name: Leslie Christie		06/29/2015 05:00	
		CK:1039 CT:311834 BH:1481' 10 100.00 = 100.00 ORGAN LI	
ature			
ed Name:		1.1153393	

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