

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 MAR 31 AM 8:11

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

| 1. The name of the limited liability of | company is: | | STATE OF IDAHO |
|---|----------------------------------|--|------------------------------|
| | The Inner Pat | h, LLC | |
| 2. The complete street and mailing | addresses of | the initial design | ated/principal office: |
| | negate Circle, Ke | etchum, ID 83340 | <u> </u> |
| (Street Address) P.O. | Box 7217, Ketch | um, ID 83340 | |
| (Mailing Address, if different than street addres | SS) | | |
| 3. The name and complete street a | ddress of the | registered agent | : |
| Leslie Bradshaw | | | Ketchum, ID 83340 |
| (Name) | (Street Addr | ess) | |
| The name and address of at leas company: | | Address P.O. Box 7217, Ketchum, ID 83340 | |
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| | | | |
| Mailing address for future corresp | pondence (anı Box 7217, Ketch | • | es): |
| P.O. 1 | BUX 1211, NEICH | um, ID 63340 | |
| i. Future effective date of filing (opt | iional): | | |
| | | | |
| gnature of organizer(s). (An organizer | is a member, or i | s | |
| cting in behalf of a member of members). | | Se | cretary of State use only |
| ignature | | rmstLLC formsteart_org_Rc.PMD | |
| yped Name: Michael D Pogue/Or | rganizer | ין סגם | |
| | | | |
| gnature | | d original | IDAHO SECRETARY OF STATE |
| vned Name: | | A Massil | CK: 3122 CT: 159456 BH: 1163 |

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