

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 10 MAR 17 AM 8: 43

	(Instructions on back of a	oplication) SEC	RETARY OF STATE	
1.	The name of the limited liability company	S S	TATE OF IDAHO	
BUCKEYE MIDDLE KINGDOM 2, LLC				
2.	The complete street and mailing addresses of the initial designated/principal office: 215 Picabo Street, Suite 304, Ketchum, ID, 83340 (Street Address)			
	P O Box 370, Ketchum, ID, 83340			
_	(Mailing Address, if different than street address)			
3.	The name and complete street address of	ame and complete street address of the registered agent:		
	Brian J. Barsotti 215 Picabo Street, Suite 304, Ketchum, ID		e 304, Ketchum, ID	
	(Name) (Stre	et Address)	83340	
4.	The name and address of at least one member or manager of the limited liability company:			
	Name	Address		
	Brian J. Barsotti 215 Picabo Street, Suite 304 P O Box 370		e 304	
	Ketchum, ID 83340			
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_				
5.	Mailing address for future correspondence (annual report notices):			
	P O Box 370, Ketchum, ID, 83340			
6.	Future effective date of filing (optional):			
	nature of organizer(s). (An organizer is a memb g in behalf of a member or members).	er, or is		
autiii	of A LA		etary of State use only	
_	Signature			
Туре	ed Name: Brian J. Barsotti	Worms\LC forms\cet_org_lc.PMD Revised 07/2008		
Sian	eature.	0772008	IDAHO SECRETARY OF STATE	
	ed Name:	orms/LI	03/17/2010 95:00 CK: 5758 CT: 21422 BH: 1213153	
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