

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) 2010 SEP 23 PM 3: 01

1	The name of the limited liability com	nnany ie:	SEUNE JARY OF STATE
١.	•	TELOPE LOOP,	STATE OF IDAHO
_		-	
2.	The complete street and mailing addresses of the initial designated/principal office:		
	201 Antelope Loop Clark For (Street Address)		1
	PO BOX 649, CLARK FORK, IDAHO 83811 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	TEVIS W. HULL 95 TAMARACK LANE, SAGLE, IDAHO 83860		
	(Name)	(Street Address)	3)
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		<u>Address</u>
	BLUE SKY TRUST, March 12, 2010	PO BOX 649.	, CLARK FORK, IDAHO 83811
5.	Mailing address for future correspon	•	ial report notices):
	PO BOX 649, CLARK FORK, IDAHO 838	<u> </u>	
6.	Future effective date of filing (optional):		
_	nature of a manager, member or	authorized	
per	son.	ſ	Secretary of State use only
Sig	nature from duex		
	ped Name: OSH IVEY		
			IDAHO SECRETARY OF STATE
Sig	nature		CK: 1228 CT: 251491 BH: 1248238 1 0 100.00 = 100.00 ORGAN LLC # 2
Тур	oed Name:		woman LLC # E

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