

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

1.	The name of the limited liability co	mpany is:	2014 DEC 12 PM 4: 38
	Beaux-Batten LLC	·	SECRETARY OF CIAVE
2.	The complete street and mailing addresses of the Initial designated office. FIDA-IO Sunnyside Cutoff Road and Ray Davis Lane, Sandpoint, Bonner County, ID 83864 (Street Address) P.O. Box 497, Pittstown, New Jersey 08867		
	(Making Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Corporation Service Company (Name)	12550 W. Explorer D	r., Ste 100, Boise ID 83713
4.	The name and address of at least of company:	one member or man	ager of the limited liability
	Name		Address
•	Grayson B. Murray, Member	P.O. Box 497, Pittstown, New Jersey 08867	
	Maria E. Murray, Member	P.O. Box 497, Pittsto	wn, New Jersey 08867
5.	Mailing address for future correspo P.O. Box 497, Pittstown, New Jersey 080		ert notices):
6.	Future effective date of filing (option	nal):	
	nature of a manager, member or	authorized	
	Atala Dir	las .	Secretary of State use only
Sig	nature / March 1000	vaum	• •
Тур	ed Name: Stariley Birrybaum, Authorize	d Person	
Sign	nature		
	ed Name:		
			IDANO SECRETARY OF STATE
12		con_om_lis Rev. 37/2010	12/12/2014 05:00

CK:2424104 CT:172099 BH:1452879 18 100.00 = 100.00 ORGAN LLC #2 18 20.00 = 20.00 EXPEDITE C #3

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