

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 JUN 10 AM 9:00

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Alpine Edge Professionals, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

373 Carmen Creek Road, Carmen, ID 83462

(Street Address)

P.O. Box 204, Carmen, ID 83462

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Preston F. Rufe

(Name)

373 Carmen Creek Road, Carmen, ID 83462

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

Preston F. Rufe

**Address**

P.O. Box 204, Carmen, ID 83462

5. Mailing address for future correspondence (annual report notices):

P.O. Box 204, Carmen, ID 83462

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: \_\_\_\_\_

Preston F. Rufe

Signature

Typed Name: \_\_\_\_\_

Susan L. Rufe

Secretary of State use only

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Revised 07/2008
 IDAHO SECRETARY OF STATE  
 06/10/2009 05:00  
 CK: 1005 CT: 237839 DN: 1174030  
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