

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY TI AUG -8 AM 8: 4

(Instructions on back of application)

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1. The name of the limited liability c	ompany is: STATE OF IDAHO
Edgewo	od Spring Creek Overland LLC
2. The complete street and mailing a	addresses of the initial designated/principal office:
2850 24th Avenue South, Suite 201	
(Street Address) Grand Forks, ND 5820	
(Mailing Address, if different than street address	)
<ol><li>The name and complete street ad</li></ol>	Idress of the registered agent:
Givens Pursley Corporate Services	601 W. Bannock St., Boise, ID 83702
(Name)	(Street Address)
The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Philip Gisi	2850 24th Avenue South, Suite 201
	Grand Forks, ND 5820
5. Mailing address for future corresponding Gisi, 2850 24th Avenue South, St	
6. Future effective date of filing (option	onal);
	or authorized
erson.	Secretary of State use only
erson.	
signature Lu Laufan	
Signature of a manager, member of person.  Signature Rex Carlson  Signature	Secretary of State use only
Signature Walson	Secretary of State use only

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