FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 MAR 30 AM 9:55

(instructions on back	k of application)	STATE OF TOAHO
<ol> <li>The name of the limited liability cor</li> </ol>	mpany is:	· · · · · · · · · · · · · · · · · · ·
	LODGE 11	C
2. The complete street and mailing ad	dresses of the initial de	sciented in the last asset
(Street Address)	MERY Street	<u> </u>
(Mailing Address, if different than street address)	TTO OHROZ	1 ID 83631
<ol><li>The name and complete street addr</li></ol>	ess of the registered a	gent:
MARK B. RICE (Name)	215 7mont (Street Address)	Gomery St, Idaho (
<ol> <li>The name and address of at least or company:</li> </ol>	ne member or manager	of the limited liability
Name	A	ddress
LAURINDA P. BICE	3319 HWY2	11 BOUSE TO 03014
MARK B. RICE	3319 Hwy	21 BOISC, ID 83716
5. Mailing address for future correspond	A -	•
P.O. BOX 171 ID	AHOCITY, II	2 8.3631
6. Future effective date of filing (optional	):	
Signature of a manager, member or a person.	uthorized	
Signature <u>May B. Li</u>		Secretary of State use only
Typed Name: MAKK B. RI	CE	
	Ì	

cert\_org\_lic Rev. 07/2010

Typed Name:

IDAHO SECRETARY OF STATE

@3/30/2011 @5:00

CK: 640826 CT: 172099 BH: 1266779
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