



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR -6 AM 8:47

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Idaho Falls Raceway LLC.

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

515 N. Teeples Dr. Idaho Falls, Idaho 83401

(Street Address)

(Mailing Address, if different than street address)

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

Trevor Arnold

515 N. Teeples Dr. Idaho Falls, Idaho 83401

(Name)

(Street Address)

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

**Name**

**Address**

Trevor Arnold

515 N. Teeples Dr. Idaho Falls, Idaho 83401

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

515 N. Teeples Dr. Idaho Falls, Idaho 83401

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 *Trevor Arnold*  
Typed Name: Trevor Arnold

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

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
03/06/2009 05:00  
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