

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability company is:

2014 SEP 18 AM 8: 57

SECRETARY OF STATE STATE OF IDAHO

Riverside Ventures LLC	
2. The complete street and mailing a	addresses of the initial designated office:
8938 North River Road, Idaho Falls, Id	aho 83402
(Street Address)	
(Mailing Address, if different than street address	)
3. The name and complete street ad	ldress of the registered agent:
Paul Haacke	8938 North River Road, Idaho Falls, Idaho 83402
(Name)	(Street Address)
company:	t one member or manager of the limited liability
<u>Name</u> Paul Haacke	Address 8938 North River Road, Idaho Falls, Idaho 83402
Debra Haacke	8938 North River Road, Idaho Falls, Idaho 83402
5 Mailing address for future correct	pendence (appual report nations):
<ol> <li>Mailing address for future corresp 8938 North River Road, Idaho Falls, Id</li> </ol>	
Code Hold Mer Mode, Idaho Fans, Id	1010 00102
6. Future effective date of filing (opti	ional):
o. Tutare encouve date of filling topa	Onary.
Signature of a manager, member	or authorized
person.	or authorized
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature 1	09/18/2014 05:00
Typed Name: Paul Haacke	CK:1051 CT:301267 BH:1441804
111111	16 100.00 = 100.00 ORGAN LLC
Signature / ///	1 100
Typed Name: Debra Haacke	(1)42319
	<del></del>

cert\_org\_lic Rev. 07/2010