

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 09 FEB - 9 PM 12: 54

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability comp	pany is: STATE OF IDA HO
Edge	of the Tetons, LLC
	esses of the initial designated/principal office: ON, Tetonia, ID 83452
(Street Address)	
(Mailing Address, if different than street address)	
 The name and complete street address 	ss of the registered agent:
Daniel W. McKenzie	16W 700N, Tetonia, ID, 83452
(Name)	(Street Address)
The name and address of at least one company:	e member or manager of the limited liability
<u>Name</u>	Address
Daniel W. McKenzie	16W 700N, Tetonia, ID 83452
	To the second

. Mailing address for future corresponde	ence (enguel report notices):
•	N, Tetonia, ID 83452
. Future effective date of filing (optional):
gnature of organizer(s). (An organizer is a m	nember, or is
ting in behalf of a member or members).	Country of Otata use anti-
gnature Dan Mr. Kri	Secretary of State use only
yped Name: Daniel W. McKenzie	
, pod Harro.	TRAIN SESSITIAN
ignature	
and Name	1 0 100,00 = 140.00 mgsh i