

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 MAY 21 AM 8: 04

The name of the limited liability com	pany is:	SECRETARY OF STATE STATE OF IDAHO
Patrick M. Bu	ichanan & Company, LLC	OTTIL OF IDATIO
2. The complete street and mailing add	resses of the initial designate	ed/principal office:
	PO Box 6226	
(Street Address)	etchum, ID 83340	
(Mailing Address, if different than street address)		
3. The name and complete street addre	ess of the registered agent:	
Patrick M. Buchanan	371 N. Main, Ketchur	n, ID 83340
(Name)	(Street Address)	
The name and address of at least on company:	e member or manager of the	limited liability
Name	Address	
Patrick M. Buchanan	PO Box 6226, Ketchur	m, ID 83340
:		
5. Mailing address for future correspond	dence (annual report notices) 226, Ketchum, ID 83340	:
F		
6. Future effective date of filing (optional	al):	
Signature of organizer(s). (An organizer is a r	member, or is	the second second
acting in behalf of a member or members).	Secret	ary of State use only
Signature Potrick M. Buchanan	ALC formshoart org. Ic. PMD of 7/2008	
Typed Name: Patrick M. Buchanan	- Poert	IDANO SECRETARY OF STATE
Signature	CK:	100.00 = 100.00 (100.00)