



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 APR -8 PM 2:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Elder Enterprises LLC

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

201w Market St. #4 Cascade, ID 83611

(Street Address)

P.O. Box 181 Cascade, ID 83611

(Mailing Address, if different than street address)

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

Betsy Elder-Fernandez

(Name)

201 W Market St. #4 Cascade, ID 83611

(Street Address)

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

Name

Address

Betsy Elder-Fernandez

201 W. Market St. #4 Cascade, ID 83611

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

P.O. Box 181 Cascade, ID 83611

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

Typed Name:

Betsy Elder-Fernandez

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
04/08/2009 05:00
CK: 112 CT: 235924 IN: 1163024
1 @ 100.00 = 100.00 ORGAN LLC # 2

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Revised 07/2008

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