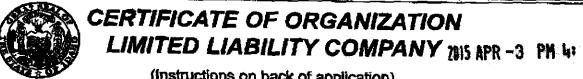
FILED EFFECTIVE



	LIMITED LIABILITY COM	PANY 2815 APR -3 PM 4: 12
	(Instructions on back of application	
	me of the limited liability company is:	STATE OF IDANO
(Street A	mplete street and mailing addresses of the Golf Course Road, St.	Maries, 10 8386/
(Mailing /	Address, if different then street address)	
3. The na	me and complete street address of the reg	pistered agent:
(Name)	Thy M Ashury 15 Gol (Street Address)	1 Course Boad St. Maries 10 83861
4. The nat	me and address of at least one member or ny:	manager of the limited liability
Pati	ick Belle-Oudry 1915t	Maries River Rooc Maries, 10 83861
Jer	ry Emerson Ahr St.//	James, 10 8386/
5. Mailing	address for future correspondence (annua	n'es, lo 8386
6. Fulture e	effective date of filing (optional):	
Signature o person.	of a manager, member or authorized	·
		Secretary of State use only
Signature Typed Name	Timothy Asbury	IDAHO SECRETARY OF STATE
Signature	to Bille chin	04/06/2015 05:00 CK:2724974 CT:172099 BH:1469
Typed Name	Patrick Belle-Older	16 100.00 = 100.00 ORGAN LLC

cert_ong_Rc Rev. 07/2010

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