

CEPTIEICATE OF OPCANIZATION

CERTIFICATE OF ORGANIZA	
LIMITED LIABILITY COMPA	NY 2014 MAY 27 AM 10: 03
(Instructions on back of application)	CEODETHIES TO THE
1. The name of the limited liability company is: ABOVE TREELINE LLC	STATE OF DAHO
2. The complete street and mailing addresses of the ini 80 Cakwood Dr. Pocatello, II (Street Address)	
(Mailing Address, if different than street address)	
The name and complete street address of the register	ered agent:
Shonnie Pierson 80 Oakw (Name) (Street Address)	ood Dr. Pocatello, ID8320
 The name and address of at least one member or m company: 	anager of the limited liability
Spencer Pierson 800akwood I	Dr. Pocatello, 1D 83204
5. Mailing address for future correspondence (annual r	report notices): 1D 83204
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature Manuel (1220)	IDAHO SECRETARY OF STATE 05/27/2014 05:00
Typed Name: Shohhie, Pierson	

CK:571 CT:297295 BH:1426368 16 100.00 = 100.00 ORGAN LLC #2

W/38362

Signature_____ Typed Name:

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