FILED EFFECTS



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 APR -9 PM 4: 42

	(manuchons on	r back or application)	SECRETARY OF STATE
1. The nar	me of the limited liabili	ty company is:	STATE OF IDAHO
	Ventures, LLC	iy company io.	
<del></del>			
		ng addresses of the initial	designated office:
	lountain Laurel Drive; Ashto	on, Idaho 83420	
(Street Ad N/A	agress)		
(Mailing A	Address, if different than street add	dress)	
3. The nar	me and complete street	t address of the registered	d agent:
Sydney	Davies	1697 Mountain Laure	l Drive; Ashton, Idaho 83420
(Name)		(Street Address)	
compan Sydney	<u>Name</u>	1697 Mountain Laure	Address   Drive; Ashton, Idaho 83420
		Too moontain Ladic	Diffe, Ashlor, Idano 63420
5. Mailing a	address for future corre	espondence (annual repo	rt notices):
		OX 242; Ashton, Idaho 83420	
6. Future e	ffective date of filing (o	ptional): N/A	
	3 1		
Signature of	f a manager, membe	er or authorized	
erson.	1		
	Life In		Secretary of State use only
Signature	sylvey MIN	rlw	
Typed Name	Sydney Devies; Managir	ng Member	
	· <del>- · · · · · · · · · · · · · · · · · ·</del>		
Signature	Ų -		Idaho secretary of state
Signature Typed Name	<u> </u>		IDAHO SECRETARY OF STATE <b>84/09/2014 05</b> : CK: 1882210 CT: 172099 BH: 1

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