

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

10 JUN 23 AM 8: 11

1.	The name of the limited liability con	mpany is:	SECRETARY OF STATE
		Ryan Larkin LLC	STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office:		
	7 Black Birch, Sun Valley, ID 83353		
	(Street Address) PO Box 4871, Ketchum, ID 83340		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Shannon Webb		k Birch, Sun Valley, ID 83353
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Shannon Webb	7 Black Birch, Sun Valley, ID 83353	
5.	Mailing address for future correspondence (annual report notices):		
Ο.	PO Box 4871 Ketchum, ID 83340		
		X 407 1 Retailant, ID	
6.	Future effective date of filing (option	nal):	
Sig	nature of organizer(s). (An organizer is	a member, or is	
icti	ng in behalf of a member or members).		Secretary of State use only
Sia	nature	PMD.	
_	ped Name: Shannon Webb		
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