



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR 31 PM 12: 58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Ascente II, LLC

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

PO Box 866

(Street Address)

Ketchum, Idaho 83340

(Mailing Address, if different than street address)

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

Peter W. Stommel

(Name)

360 East Avenue N., Ketchum, Idaho 83340

(Street Address)

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

Name

Address

Peter W. Stommel

PO Box 866

Ketchum, Idaho 83340

Suzan L. Stommel

PO Box 866

Ketchum, Idaho 83340

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

PO Box 866

Ketchum, Idaho 83340

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 Peter W. Stommel

Typed Name: Peter W. Stommel

Signature Suzan L. Stommel

Typed Name: Suzan L. Stommel

Secretary of State use only

Form LLC-1000 Rev 07/2008
Program LLC Form LLC-1000
Revised 07/2008

IDaho SECRETARY OF STATE
03/31/2009 05:00
CK: 10959 CT: 196662 BN: 1163080
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