

Signature_

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

•	SECRETARY OF STATI
1. The name of the limited liability company is:	STATE OF IDAHO
Alpine Ponds Event Center LLC	<u> </u>
2. The complete street and mailing addresses of the initial	designated/principal office:
545 Chinden Blvd., Meridian, Idaho	
(Street Address) 3736 N. McKinley Park, Meridian, Idah	o 83646
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered	d agent:
Russell Jaynes 3736 N. McKinley	y Park, Meridian, Idaho, 83646
(Name) (Street Address)	
The name and address of at least one member or mana company:	ager of the limited liability
Name	Address
Russell Jaynes 3736 N. McKinle	y Park, Meridian, Idaho, 83646
5. Mailing address for future correspondence (annual repo 3736 N. McKinley Park, Meridian, Idah	
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).	Secretary of State use only
	Secretary of State use only