STRACE (
Secondry P	CERTIFICATE (OF ORGANIZATION	FILED EFFECTIV
	LIMITED LIAE	BILITY COMPANY	2012 OCT 22 PM 3: 4
ALC OF 19	(Instructions or	h back of application)	SECRETARY OF STAT
1. The na	me of the limited liabil	ity company is:	STATE OF IDAHO
PTF In	vestments Idaho, LLC		
	mplete street and maili ereford Place, Donnelly, ID	ing addresses of the initial desi 83615	ignated office:
	ox 840, Donnelly, ID 8361		
	Address, if different than street ad		
3. The na	me and complete stree	et address of the registered age	ent:
Thoma	as Elitharp	208 Hereford Place, Donne	elly, ID 83615
(Name)		(Street Address)	
Thoma	<u>Name</u> as Elitharp	Ac P.O. Box 840, Donnelly, ID	Idress 0 83615
<u>ــــــــــــــــــــــــــــــــــــ</u>			
	address for future cor Sox 840, Donnelly, ID 8361	respondence (annual report no	otices):
P.O. B	Sox 840, Donnelly, ID 8361	•	· · · · · · · · · · · · · · · · · · ·
P.O. B 6. Future	Box 840, Donnelly, ID 8361	5 (optional):	
P.O. B 6. Future	Sox 840, Donnelly, ID 8361	5 (optional):	
P.O. B 6. Future Signature person. Signature	ox 840, Donnelly, ID 8361 effective date of filing of a manager, memb Mome Tub	5 (optional):	
P.O. B 6. Future Signature person. Signature	ox 840, Donnelly, ID 8361	5 (optional):	
P.O. B 6. Future Signature person. Signature_ Typed Nan	Box 840, Donnelly, ID 8361 effective date of filing of a manager, memb <u>Mome But</u> ne: <u>Thomas Elitharp</u>	5 (optional): ber or authorized	Secretary of State use only IDAHO SECRETARY OF STATE
P.O. B 6. Future Signature person. Signature_ Typed Nan Signature_	ox 840, Donnelly, ID 8361 effective date of filing of a manager, memb Mome Tub	5 (optional): ber or authorized	Secretary of State use only