



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

10 OCT -4 PM 12:41
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Esquiburbour LLC

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

140 River Street, White Bird, ID 83554

(Street Address)

PO Box 202, White Bird, ID 83554

(Mailing Address, if different than street address)

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

Rachel Esquibel

(Name)

140 River Street, White Bird, ID 83554

(Street Address)

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

Name

Rachel Esquibel

Address

PO Box 202, White Bird, ID 83554

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

PO Box 202, White Bird, ID 83554

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Rachel Esquibel 9/28/10

Typed Name: Rachel Esquibel

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
10/04/2010 05:00
CK: 2068 CT: 251762 BH: 1241661
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