



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:

Esquiwarbourn 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

Address

Rachel Esquibel

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

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10/04/2010 05:00
CK: 2008 CT: 251762 BH: 1241661
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