

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

The name of the limited liability company is:		Large of C	
	LaRo, LLC		
2. The complete street and mai	ling addresses of the initial de	esignated office:	
265 Golden Eagle, Drive S., Haile	ey, ID 83333		
(Street Address) PO Box 3350, Hailey, ID 83333			
(Mailing Address, if different than street a	address)		
3. The name and complete stre	et address of the registered a	agent:	
Laura Boyd		265 Golden Eagle Drive S., Hailey, ID 83333	
(Name)	(Street Address)	(Street Address)	
The name and address of at company:	least one member or manage	er of the limited liability	
<u>Name</u>		Address	
Laura Boyd	265 Golden Eagle Drive	S., Hailey, ID 83333	
5. Mailing address for future co	rrespondence (annual report	notices):	
PO Box 3350, Hailey, ID 83333			
6. Future effective date of filing	(optional):		
Signature of a manager, mem	ber or authorized		
person.		Secretary of State use only	
Signature Muna Hold			
Typed Name: Laura Boyd			
Signature		IDAHO SECRETARY OF STATE 02/27/2012 05:00	
Typed Name:		CK: 3940 CT: 267394 BH: 1312216 1 @ 186.68 = 188.89 ORGAN LLC # 2	