



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 JUL 23 PM 3:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Smith - Alturas, LLC

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

126 Smokey Dome Rd., Fairfield, ID 83327

(Street Address)

(Mailing Address, if different than street address)

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

Sharon Smith

(Name)

126 Smokey Dome Rd., Fairfield, ID 83327

(Street Address)

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

Name

Address

Sharon Smith

126 Smokey Dome Rd., Fairfield, ID 83327

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

126 Smokey Dome Rd., Fairfield, ID 83327

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Robert Thomas, Authorized Person

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

07/23/2014 05:00

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