



0004427227

**STATE OF IDAHO**

Office of the secretary of state, Lawrence Denney

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004427227

Date Filed: 9/25/2021 12:19:21 AM

| Certificate of Organization Limited Liability Company | | | | | | | |
|---|--|------|---------|---------------|--|----------------|--|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filing fee \$100) | | | | | | |
| 1. Limited Liability Company Name | | | | | | | |
| Type of Limited Liability Company | Limited Liability Company | | | | | | |
| Entity name | Six Rivers LLC | | | | | | |
| 2. The complete street address of the principal office is: | | | | | | | |
| Principal Office Address | 421 S. MINNESOTA AVENUE FRUITLAND, ID 83619 | | | | | | |
| 3. The mailing address of the principal office is: | | | | | | | |
| Mailing Address | 421 S MINNESOTA AVE FRUITLAND, ID 83619-2659 | | | | | | |
| 4. Registered Agent Name and Address | | | | | | | |
| Registered Agent | Registered Agent Skylar D Johnson Physical Address: 421 S. MINNESOTA AVE. FRUITLAND, ID 83619 Mailing Address: 421 S MINNESOTA AVE FRUITLAND, ID 83619-2659 | | | | | | |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity. | | | | | | | |
| 5. Governors | | | | | | | |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Lacee Johnson</td><td>421 S. MINNESOTA AVE. FRUITLAND, ID 83619</td></tr><tr><td>Skylar Johnson</td><td>421 S. MINNESOTA AVE. FRUITLAND, ID 83619</td></tr></tbody></table> | | Name | Address | Lacee Johnson | 421 S. MINNESOTA AVE. FRUITLAND, ID 83619 | Skylar Johnson | 421 S. MINNESOTA AVE. FRUITLAND, ID 83619 |
| Name | Address | | | | | | |
| Lacee Johnson | 421 S. MINNESOTA AVE. FRUITLAND, ID 83619 | | | | | | |
| Skylar Johnson | 421 S. MINNESOTA AVE. FRUITLAND, ID 83619 | | | | | | |
| Signature of Organizer: | | | | | | | |
| <i>Skylar Johnson</i> | 09/25/2021 | | | | | | |
| Sign Here | Date | | | | | | |

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