



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2010 SEP 28 PM 2:08  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Gravy River LLC

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

742 Highway 93 North, Carmen ID 83462

(Street Address)

PO Box 852, Salmon ID 83467

(Mailing Address, if different than street address)

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

John Treankler

(Name)

742 Highway 93 North, Carmen ID 83462

(Street Address)

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

**Name**

**Address**

John Treankler

PO Box 852, Salmon ID 83467

Sherry Elrod

PO Box 852, Salmon ID 83467

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

PO Box 852, Salmon ID 83467

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Sherry Elrod

Secretary of State use only

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
09/28/2010 05:00  
CK: 519144 CT: 172099 BH: 1240824  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

cert\_org\_llc Rev. 07/2010

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