

Typed Name:

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 09 JUL -9 AM 8:54

(Instructions on back of application)

(11100100010110	011 10 04 011	or application.

SECRETARY OF

W8529/

1.	The name of the limited liability company	is: STATE OF IDA	STATE		
	Maximized Canal	Performance LLC	VHO		
2.	The complete street and mailing addresses	of the initial designated/principa	office:		
		700 N			
	(Street Address)) 83236			
	(Mailing Address, if different than street address)				
3.	The name and complete street address of the registered agent:				
	Albert J. Babneau	415 E 700 N Firth, ID 83236			
	(Name) (Street	Address)			
	The name and address of at least one men company: Name	nber or manager of the limited lia	bility		
	Albert J. Babneau	415 E 700 N Firth, ID 83236			
	William Fuchs	P.O. Box 57 Chester, ID 83421	1		
	TYMIGHT UCH	F.O. DOX 07 Chester, ID 03421			
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5 .	Mailing address for future correspondence	(annual report notices):	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	415 E 700 N Firth, ID 83238		d ·		
6.	Future effective date of filing (optional):				
	nature of organizer(s). (An organizer is a member	r, or is			
ictiii;	g in behalf of a member or members).	Secretary of State use	only		
Signature 66-7					
	ed Name: Albert J. Babneau				
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