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William M. Gardner
Secretary of State

State of New Hampshire

Filing fee: $50.00
Fee for Form SRA: $50.00
Total fees $100.00
Use black print or type.
Form must be single-sided, on 8½" x 11" paper; double sided copies will not be accepted.

Form LLC-1
RSA 304-C:12

CERTIFICATE OF FORMATION
NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company is Ames Farm Inn & Resort LLC.

SECOND: The nature of the primary business or purposes are to own, manage and operate real estate consisting of an inn, cabins, boat docks and restaurant and all purposes for which a limited liability company may be formed in the State of New Hampshire.

THIRD: The name of the limited liability company's registered agent is Wilfred L. Sanders Jr. P.C.

and the **street address**, town/city (including zip code and post office box, if any) of its registered office is (agent's business address) c/o Pierce Atwood LLP, 1 New Hampshire Ave. Ste. 350, Portsmouth, NH 03801.

FOURTH: The latest date on which the limited liability company is to dissolve is perpetual.

FIFTH: The management of the limited liability company is vested in a manager or managers.

SIXTH: The sale or offer for sale of any ownership interests in this business will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B).

*Signature: Peter Ames
Print or type name: Peter Ames
Title: Manager
(Enter "manager" or "member")
Date signed: May 11, 2011

*Must be signed by a **manager**; if no manager, must be signed by a **member**.

DISCLAIMER: All documents fil will be available for public inspection in e

Mail fees, DATED AND SIGNED partment of State, 107 North Main Street, C

State of New Hampshire
Form LLC 1 - Certificate of Formation 2 Page(s)
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Form SRA – Addendum to Business Organization and Registration Forms
Statement of Compliance with New Hampshire Securities Laws

Part I – Business Identification and Contact Information

Business Name: Ames Farm Inn & Resort LLC

Business Address (include city, state, zip): 2800 Lake Shore Road, Gilford, NH 03249-7674

Telephone Number: (603) 293-4321 E-mail: _____

Contact Person: Peter Ames

Contact Person Address (if different): _____

Part II – Check *ONE* of the following items in Part II. If more than one item is checked, the form will be rejected. [***PLEASE NOTE:*** Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. ***However,*** you must insure that your business meets all of the requirements spelled out in A), B), and C)]:

1. ✓ Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ***ALL*** of the following three requirements:
   A) This business has ***10 or fewer owners***; and
   B) Advertising ***relating to the sale of ownership interests*** has not been circulated; and
   C) Sales of ownership interests – if any – will be ***completed within 60 days*** of the formation of this business.
2. ____ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - _____.
3. ____ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - _____.
4. ____ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

Part III – Check *ONE* of the following items in Part III:

1. ____ This business ***is not being*** formed in New Hampshire.
2. ✓ This business ***is*** being formed in New Hampshire and the registration document states that any sale or offer for sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act.

Part IV – Certification of Accuracy

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures ***only***)

Name (print): Peter Ames, Manager Signature: Peter Ames

Date signed: May 11, 2011

Name (print): _____ Signature: _____

Date signed: _____

Name (print): _____ Signature: _____

Date signed: _____