

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Click hore to clear form

COLUMN TO SERVICE STATE OF THE	(Instructions on back of application)	
1. The name of	the limited liabil	ity company is:
		ELY FAMILY CABIN, LLC
	e street and mail DAD, BOISE, ID 837	ng addresses of the initial designated/principal office:
(Street Address)		
(Mailing Address	, if different than street a	dress)
3. The name ar	nd complete stree	et address of the registered agent:
MATTHEW W	OLFF	4183 HILL ROAD, BOISE, ID 83703
(Name)		(Street Address)
4. The name ar company:	nd address of at l	east one member or manager of the limited liability
	Name	<u>Address</u>
JANE ROYE	ELY	2596 S GREENSFERRY, COEUR D'ALENE, ID 83814
JOHN ELY		
ADRIENNE E	_Y	16
5. Mailing addre	ess for future con	espondence (annual report notices):
4183 HILL RO	AD, BOISE, ID 8370	3
6. Future effecti	ive date of filing (optional):
Signature of a person.	nanager, memb	er or authorized
	/ ///	Secretary of State use only
Signature 2	Melocho	
Typed Name: M	ATTHEW WOLFF	·
O:		IDAHO SECRETARY OF STATE
Signature		CV: 3\0000 CI: 1\000 Bit TEOSSON
Typed Name:		1 2 100.00 = 100.00 DRGAN LLC # 2

cert_org_lic Rev. 07/2010

W99352