FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG -1 AM 9:48

The name of the limited liability company is:		SECHED RY OF STATE STATE OF IDAHO	
	New Moon RV Park, LL		
2. The complete street and mage 2624 E 600 N St. Anthony, I	•	itial designated/principal office:	
(Street Address)			
(Malling Address, if different than stree	rt address)		
3. The name and complete st	reet address of the registe	ered agent:	
Sharla Riley		2624 E 600 N St. Anthony, Idaho 83445	
(Name)	(Street Address)	(Street Address)	
The name and address of a company:	at least one member or m	anager of the limited liability	
Name	•	Address	
Sharla Riley	2624 E 600 N	St. Anthony, Idaho 83445	
·	•		
			
5. Manning address for future of	correspondence (annual re	eport notices):	
2624 E 600 N St. Anthony, I	daho 83445		
	· · · · · · · · · · · · · · · · · · ·		
6. Future effective date of filin	g (optional):		
****	<u> </u>		
Signature of a manager, me	mber or authorized	,	
/		Secretary of State use only	
Signature <u>Sharla K</u>	eleu		
Typed Name: Sharla Riley			
Typed Name.		IDANO SECRETARY OF STATE	
Sinnatura		08/01/2011 05:00	
Signature	·	1 9 100 00 = 100 00 ORGAN LLC # 2	
Typed Name:		1 8 20.00 = 20.00 EXPEDITE C # 3	

cert_org_tic Rev. 07/2010

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