



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 AUG -7 AM 9: 04

1.	The name of the limited liability of	company is:	SECRETANT OF STATE STATE OF IDAHO
	Basin Retreat LLC		
2.	The complete street and mailing addresses of the initial designated office: 2055 s 100 e Oakley ID 83346		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Daniel Brown (Name)	301 University Ave. Gooding (Street Address)	ID 83330
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Me Address 301 University Ave. Gooding ID 83330	
	Daniel Brown		
		_	· — —
5	Mailing address for father		
J.	Mailing address for future correspo 301 University Ave. Gooding ID 83330	indence (annual report notice	es):
	To the state of th		
6.	Future effective date of filing (optio	nal):	
Sign pers	ature of a manager, member of	r authorized	
Sign	ature M2	Sec	retary of State use only
_	d Name: Daniel Brown		
Signa	ature_	_	IDAHO SECRETARY OF STATE
	d Name:		8/07/2013 05:00 1130 CT: 286172 BH: 1385222

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