



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 FEB -5 PM 2:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

KellyHasAdventures LLC

2. The complete street and mailing addresses of the initial designated office:

5514 W Lake River Lane Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Kelly McDonald

(Name)

5514 W Lake River Lane Boise, ID 83703

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name
Kelly McDonald

Address

5514 W Lake River Lane Boise, ID 83703

5. Mailing address for future correspondence (annual report notices):

5514 W Lake River Lane Boise, ID 83703

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Kelly McDonald

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
02/05/2013 05:00
CK: 1897 CT: 264276 BH: 1358873
1 @ 100.00 = 100.00 ORGAN LLC # 2

W 121693