

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

| | (mandenons on back of application | 2013 SEP 16 AM 9: 40 | |
|--|---|--|--|
| 1. T | he name of the limited liability company is: | | |
| _ | RTW Alventure LL | STATE STATE | |
| 2. The complete street and mailing addresses of the initial designated office: | | | |
| (| Street Address) | RATHDRUM, ID 83858 | |
| (| Mailing Address, if different than street address) | | |
| 3. T | The name and complete street address of the registered agent: | | |
| ī | L. BRUCE LONES 21392 (Street Address | N. Circle Rd. #6, Rithdryn ID 83858 | |
| | 4. The name and address of at least one member or manager of the limited liability company: | | |
| | Name | <u>Address</u> | |
| - | L. Bruce Longs 2(392 N. | Gircle RI#6, Rethory ID 8388 | |
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| 5. Mailing address for future correspondence (annual report notices): | | | |
| 21392 N. Circh Rd. #6 Rathdrum, ID 83858 | | | |
| 6. Future effective date of filing (optional): | | | |
| Signature of a manager, member or authorized | | | |
| perso | n. | Secretary of State use only | |
| Signa | ture Jones | , | |
| • | Name: L. BRUCE TONES | | |
| , , | TEL: 208-771-3080 | | |
| Signa | ture | IDAHO SECRETARY OF STATE 09/16/2013 05:00 | |
| | d Name: | CK: NONE CT: 193196 BH: 1390245 1 8 100.00 = 100.00 ORGAN LLC # 2 | |

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