

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT 26 AM 8:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lemhi Valley Vacations, LLC

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

4696 Lemhi Road

(Street Address)

Leadore, ID 83464

(Mailing Address, if different than street address)

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

Kristine Marxer

(Name)

4696 Lemhi Road, Leadore, ID 83464

(Street Address)

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

Name**Address**

Donna F. Tyler

10115 Mullan Road, Missoula, MT 59808

Kristine D. Marxer

4696 Lemhi Road, Leadore, ID 83464

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

4696 Lemhi Road, Leadore, ID 83464

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Donna F Tyler

Signature

Typed Name: Kristine D Marxer

Secretary of State use only

 IDAHO SECRETARY OF STATE
 10/26/2012 05:00
 CK: 1850 CT: 275640 BH: 1345229
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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