

CERTIFICATE OF ORGANIZATION I IMITED LIABILITY COMPANY 2011 CED 31

5	- LIMITED LIABIL	LIII COMPANI	ZUIALER SI AM 2: 11	
O TO	(Instructions on ba	ack of application)	SECRETARY OF STATE	
1. The	The name of the limited liability company is:		STATE OF IDAHO	
As	Aspen Grove Getaway, LLC		OTAL OF EMAIO	
39	complete street and mailing 62 North 3625 East, Kimberly, Idah		ignated office:	
(Str	eet Address)			
	iling Address, if different than street addres	ss)		
3. The	The name and complete street address of the registered agent:			
Gir	na Heider	3777 North 3400 East, Kimberly, Idaho 83341		
(Na	me)	(Street Address)		
Ch	Name ad Heider na Heider	3777 North 3400 East, Kir	Address 3777 North 3400 East, Kimberly, ID 83341 3777 North 3400 East, Kimberly, ID 83341	
_				
	ling address for future corres 62 North 3625 East, Kimberly, Idah	•	otices):	
6. Fut	ure effective date of filing (op	tional):		
Signatu person.	re of a manager, member	or authorized		
Signatu Typed N		<u> </u>	Secretary of State use only	
Signatu	re ·			
Jigi latu	I &		TRAHO SECRETARY OF STATI	

IDAHO SECRETARY OF STATE 02/21/2014 05:00 CK: 16136 CT: 21151 BH: 1411668 1 0 100.00 = 100.00 ORGAN LLC # 2

W134649

Typed Name: _____