

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 SEP -2 AM 9: 53 (Instructions on back of application)

1. The name of the limited liability company is: HEARTFELT TRAVEL L.I.C

SECRETARY OF STATE STATE OF IDAHO

The complete street and mail	
The complete street and mail	ing addresses of the initial designated office:
220 EAST AVENUE, #336, KETH	UM, ID 83340
(Street Address)	
P.O. BOX 14001, KETCHUM, ID	
(Mailing Address, if different than street ac	
The name and complete stree	et address of the registered agent:
ELISSA EVA	220 EAST AVENUE, #336 KETCHUM, ID 83340
(Name)	(Street Address)
company:	east one member or manager of the limited liability
<u>Name</u> ELISSA EVA	Address
ELISSA EVA	220 EAST AVENUE, #336, KETCHUM, ID 83340
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Mailing address for future corr	respondence (annual report notices):
Mailing address for future core	respondence (annual report notices): M, ID 83340
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P.O. BOX 14001, (336), KETCHU	·
P.O. BOX 14001, (336), KETCHU	M, ID 83340
P.O. BOX 14001, (336), KETCHU Future effective date of filing (M, ID 83340 optional):
P.O. BOX 14001, (336), KETCHU Future effective date of filing (M, ID 83340 optional):
P.O. BOX 14001, (336), KETCHU Future effective date of filing (gnature of a manager, memb	M, ID 83340 optional):
P.O. BOX 14001, (336), KETCHU	optional):er or authorized
P.O. BOX 14001, (336), KETCHU Future effective date of filing (gnature of a manager, memberson.	optional): Der or authorized Secretary of State use only
P.O. BOX 14001, (336), KETCHU Future effective date of filing (gnature of a manager, memberson.	optional):er or authorized

1@ 100.00 = 100.00 ORGAN LLC #2

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Typed Name: _____