



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

01 APR 13 AM 10:25

CLERK OF STATE
STATE OF IDAHO

1. The name of the limited liability company is: Smith RV Adventure Center, L.L.C.

2. The address of the initial registered office is: 1523 N 25th E

Idaho Falls, ID 83401 and the name of the initial registered agent at that address is: Stafford Smith

3. The mailing address for future correspondence: P.O. Box 1896

Idaho Falls, ID 83403

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ . (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

Name

Address

Stafford Smith

P.O. Box 1896

Idaho Falls, ID 83403

6. Signature of at least one person responsible for forming the limited liability company:

Stafford Smith

Secretary of State use only

IDAHO SECRETARY OF STATE

04/13/2001 09:00
CK: 112374 CT: 102043 DH: 391132

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