



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 AUG 26 AM 9:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BAM Adventure Tours LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

837 Chamberlain Ave

(Street Address)

Idaho Falls, Idaho 83402

(Mailing Address, if different)

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

Cindy Carson

837 Chamberlain Ave Idaho Falls, Idaho 83402

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Cindy Carson

837 Chamberlain Ave Idaho Falls, Idaho 83402

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

837 Chamberlain Ave Idaho Falls, Idaho 83402

(Address)

Signature of organizer(s).

Signature: Cindy Carson

Printed Name: Cindy Carson

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/26/2016 05:00

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