

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	CERTIFICATE OF	OPCANIZATION ?
	LIMITED LIABILI	968
O T	(Instructions on bac	k of application)
1.	The name of the limited liability co	mpany is:
	Spring Shore	s Lodge on the Henry's Fork, LLC
2.	The complete street and mailing addresses of the initial designated office: 8285 Star Pass Ridge Road, Nampa, ID 83686	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	McKay S Bodily	8285 Star Pass Ridge Road, Nampa, ID 83686
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u> McKay S Bodily	<u>Address</u> 8285 Star Pass Ridge Road, Nampa, ID 83686
	Wickay o Bouny	0203 Star Pass Kluge Road, Nampa, ID 03000
5.	Mailing address for future correspondent	ondence (annual report notices):
	8285 Star Pass Ridge Road, Nampa, ID	83686
6.	Future effective date of filing (option	nal):
_	nature of a manager, member o	r authorized
per	son.	Secretary of State use only
O:		
_	nature	

IDAHO SECRETARY OF STATE

@9/21/2012 @5:00

CK: 2105 CT: 274496 BH: 1340694

1 0 100.00 = 100.00 GRGAN LLC # 2

1 0 20.00 = -30.00 EXPEDITE C # 3

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Signature_____

Typed Name: _____