CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2012 APR -3 AM 9:21
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Seeks Out Adventures, LLC

2. The complete street and mailing addresses of the initial designated office:

810 E. North Ave., Challis, ID 83226-0128
(Street Address)

P.O. Box 128, Challis, ID 83226-0128
(Mailing Address, if different than street address)

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

Adam Beaupre
(Name)

810 E. North Ave., Challis, ID 83226-0128
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
Adam Beaupre	810 E. North Ave., Challis, ID 83226-0128

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

P.O. Box 128, Challis, ID 83226-0128

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Adam Beaupre

Typed Name: Adam Beaupre

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/03/2012 05:00
CK: NONE CT: 91971 BH: 1318172
1 @ 100.00 = 100.00 ORGAN LLC # 2

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