







## STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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11/14/2023

Date

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Certificate of Organization Limited Lia Select one: Standard, Expe descriptions below)	bility Company dited or Same Day Service (see	Standard (filing fee \$100)
. Limited Liability Company Name		
Type of Limited Liability Con	ıpany	Limited Liability Company
Entity name		Zane Reed Xcursions and Rentals LLC
2. The complete street address of the	principal office is:	
Principal Office Address		1698 NE QUARRY AVE MOUNTAIN HOME, ID 83647
3. The mailing address of the principa	I office is:	
Mailing Address		1698 NE QUARRY AVE MOUNTAIN HOME, ID 83647-6351
Registered Agent Name and Address Registered Agent  I affirm that the registered. Governors		Registered Agent Zane Reed Physical Address: 1698 NE QUARRY AVE MOUNTAIN HOME, ID 83647 Mailing Address: 1698 NE QUARRY AVE MOUNTAIN HOME, ID 83647-6351 It to serve as registered agent for this entity.
Name		Address
	1698 NE QUARRY AVE	

Zane Lorin Reed

Sign Here