

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 OCT 16 AM 8: 50

SECRETAL OF STATE STATE OF TOAHO

1. The name of the limited liab	ility company is:	STATE OF IDAHO	
Largilliere Carriage House Bed 8	Breakfast, LLC		
2. The complete street and mai 30 W. 2nd S., Soda Springs, ID	_	e initial designated office:	
(Street Address) PO Box 546, Soda Springs, ID 8			
(Mailing Address, if different than street a	address)		
. The name and complete stre	eet address of the re	egistered agent:	
Gary Lemarr	30 W. 2nd S	30 W. 2nd S., Soda Springs, ID 83276	
(Name)	(Street Addres	(Street Address)	
l. The name and address of at company:	least one member	or manager of the limited liability	
<u>Name</u>		<u>Address</u>	
Gary Lemarr	PO Box 546	PO Box 546, Soda Springs, ID 83276	
Roberta Lemarr	PO Box 546	PO Box 546, Soda Springs, ID 83276	
			
5. Mailing address for future co	rrespondence (anni	ual report notices):	
PO Box 546, Soda Springs, ID 8	33276		
Future effective date of filing	(optional):		
Signature of a manager, mem	ber or authorized		
erson.		Secretary of State use only	
Signature Ally Peman	~	_	
yped Name: Gary Lemarr	 	10AHO SECRETARY OF STATE 10/16/2014 05:00	
ypou rialite.		CK:12912 CT:130593 BH:14454	
Signature Roberta Leman	_	10 100.00 = 100.00 ORGAN LLC	
Typed Name: Roberta Lemarr	-		
VDEC NAME OF THE PROPERTY OF T			

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