251



(Name)

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2015 JUN 1 | PH 1: 05

(Instructions on back of application)

| 1. | The name of | the limited | liability | company | is: | |
|----|-------------|-------------|-----------|---------|-----|--|
| | | | | | | |

SECHETARY OF STATE STATE OF IDAHO

| | Monson Family Cabin, LLC | |
|----|---|--|
| 2. | The complete street and ma | ailing addresses of the initial designated office: |
| | 581 Douglas Avenue, Idaho Fa | ills, Idaho 83401 |
| | (Street Address) | |
| | (Mailing Address, if different than stree | t address) |
| 3. | The name and complete str | reet address of the registered agent: |
| | Troy Evans | 49 Professional Plaza, Rexburg, Idaho 83440 |

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

| <u>Address</u> | | |
|--|--|--|
| 2514 Shadow Cliff, San Antonio, TX 78232 | | |
| 581 Douglas Avenue, Idaho Falls, Idaho 83401 | | |
| P. O. Box 316, Teton, Idaho 83451 | | |
| _ | | |

(Street Address)

- Mailing address for future correspondence (annual report notices);
 c/o Forsberg Law Offices, Chtd., 49 Professional Plaza, Rexburg, Idaho 83440
- 6. Future effective date of filing (optional):

Signature of a manager, member or authorized

person

Signature

Typed Name:

Troy Evans, Organizer

Signature_

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE 06/11/2015 05:00

CK:PREPAID CT:202411 BH:1479485 16 100.00 = 100.00 ORGAN LLC #2

W152785