Signature:

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2017 JUL 24 AM 9:31

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed \$120 not typed

| | Complete and submit the application in <u>duplicate</u> . | | SECRETARY OF STATE STATE OF IDAHO | |
|---|--|-----------------------------------|--|--|
| 1. | The name of the professional limited liability company is: | | | |
| | Endless Adventure Tours LLC | | | |
| 2. | The complete street and mailing addresses of the principal office is: 1237 Herrick St. McCall, ID 83638 Street Address) | | | |
| | P.O. Box 2807 McCall, ID 83638 (Mailing Address, if different) | <u></u> | | |
| 3. | Name and street address of registered agent <u>in Idaho</u> : | | | |
| | Registered Agents Inc. | - | | |
| | (Name) | (Address) | | |
| 4. | The name and address of at least one governor of the limited liability company: | | | |
| | Kevin Daugherty | 1237 Herrick St. McCall, ID 83638 | | |
| | (Name) | (Address) | | |
| | Amanda Farkas | 1237 Herrick St. McCall, ID 83638 | | |
| | (Name) | (Address) | | |
| | (Name) | (Address) | | |
| 5. | Mailing address for future correspondence (annual report notices): | | | |
| | P.O. Box 2807 McCall, ID 83638 | | | |
| | (Address) | | | |
| 6. | The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: | | | |
| | Occup | ational Therapy | | |
| | | [| Secretary of State use only | |
| 7. Signature of a manager, member, or an organizer. Printed Name: Kevin Daugherty Signature: Signature: | | | IDAMO SECRETARY OF STATE 07/25/2017 05:00 CK:1935002465 CT:343150 BH:1595101 16 100:00 = 100:00 PROF LLC #2 | |
| | Amanda Farkas | | 11116 | |
| Рг | inted Name: Arranga Farkas | | W186656 | |

Rev. 08/2015