

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY SEP 19 AM 8: 52

(Instructions on back of application)

	(n or application)	Contract of the contract of th
1.	The name of the limited liability co	mpany is:	SECRETARY CHASTATE STATE OF IDAHO
	Dial Adventures, L.L.C.	,,	SIAIC OF IDAHO"
2.			
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Sharon Dial	1448 N 800 E Shelley, ID 83274	
	(Name)	(Street Address)	
	Name	One member or manager of the limited liability Address	
	Sharon Dial	1448 N 800 E Shelley, ID 83274	
	Crystal Dial	774 E 1400 N Shelley, ID 83274	
5.	Mailing address for future correspon 1448 N 800 E Shelley, ID 83274	dence (annual re	eport notices):
6.	Future effective date of filing (optiona	al):	
Sign ers	ature of a manager, member or on.	authorized	
			Secretary of State use only
	ature Share Diel		
ype	d Name: Sharon Dial		
Signa	ature		IDAHO SECRETARY OF STATE 09/19/2013 05:00

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