



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 APR 17 PM 1:34

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Holiday Motel, LLC

2. The complete street and mailing addresses of the initial designated office:

1819 S. 1800 E. Gooding, Idaho 83330

(Street Address)

PO Box 87, Gooding, Idaho 83330

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Neal C. Hocklander

(Name)

1819 S. 1800 E. , Gooding, Idaho 83330

(Street Address)

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

Name

Address

Neal C. Hocklander

PO Box 87, Gooding, Idaho 83330

5. Mailing address for future correspondence (annual report notices):

PO Box 87, Gooding, Idaho

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Neal C. Hocklander

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/17/2015 05:00

CK:2154 CT:270480 BH:1471517

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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