



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 APR 21 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Pocono Coast West LLC

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

4569 E 280 N Rigby ID 83442

(Street Address)

P.O. Box 239 Ririe, ID 83443

(Mailing Address, if different than street address)

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

M'Lisa Petrosky

(Name)

4569 E. 280 N. Rigby ID 83442

(Street Address)

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

Name

Address

M'Lisa Petrosky

4569 E 280 N Rigby ID 83442

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

P.O. Box 239 Ririe ID 83443

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

Signature of a manager, member or authorized person.

Signature

Typed Name: M'Lisa Petrosky

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/21/2011 05:00
CK: 5748 CT: 257976 BH: 1270191
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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