



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 OCT 12 AM 8:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

the Haunts of Hidden Hollow LLC

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

E 700 N 2900 E ST Anthony Id 83445
(Street Address)

1929 Hightop Ln Rexburg Id 83440
(Mailing Address, if different than street address)

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

Matt Grover
(Name)

1929 Hightop Lane, Rexburg Id 83440
(Street Address)

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

Name	Address
<u>DIANA Grover</u>	<u>1929 Hightop Ln Rexburg Id 83440</u>

<u>Nyle Gam</u>	<u>E 700N 2900 E ST Anthony Id 83445</u>
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5. Mailing address for future correspondence (annual report notices):

1929 Hightop Ln Rexburg Id 83440

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

Signature of a manager, member or authorized person.

Signature Matt Grover

Typed Name: Matt Grover

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/12/2010 05:00
CK: 17307167646 CT: 251900 BH: 1242468
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3