

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 FEB 21 AM 9: 10

W. F.	(Instructions on back	of application	SECRETARY OF STATE
1.	The name of the limited liability con	npany is:	STATE OF 10. HO
	Lav	a Family Cabin, L	= •• • • • • • •
2.	The complete street and mailing add		initial designated/principal office:
	(Street Address)		
	(Mailing Address, if different than street address)	with	
3.	The name and complete street address of the registered agent:		
	Michael Mickelsen	1277 North 600	East, Rupert, Idaho 83350
	(Name)	(Street Address)	
	The name and address of at least or company: Name	ne member or	manager of the limited liability
	Michael Mickelsen	1277 North 600	East, Rupert, Idaho 83350
	Karma Mickelsen	12// North 600	East, Rupert, Idaho 83350
			
5	Mailing addrage for future correspon	dence (annua	report notices):
0.	Mailing address for future correspondence (annual report notices): 1277 North 600 East, Rupert, Idaho 83350		
6.	Future effective date of filing (option	al):	
Sigr pers	nature of a manager, member or	authorized	
pers	W. Lh.	,	Secretary of State use only
Sign	vature Mukal Dellukuls		
Туре	ed Name: Michael Mickelsen		

IDAHO SECRETARY OF STATE

@2/21/2014 @5:00

CK: 2395 CT: 293264 BH: 1411653
1 @ 100.00 = 100.00 ORGAN LLC # 2

Signature Hurma Mickelsen

Typed Name / Karma Mickelsen