



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

12 15 2012 16 11 09:30  
SECRETARY OF STATE

1. The name of the limited liability company is:

Travels Are Grand, LLC.

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

1473 Algoma Spur Road, Sagle ID 83860

(Street Address)

P.O. Box 344, Sagle ID 83860

(Mailing Address, if different than street address)

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

Barbara P. Rolph

(Name)

1473 Algoma Spur Rd., Sagle ID 83860

(Street Address)

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

**Name**

**Address**

James N. Rolph

P. O. Box 344, Sagle ID 83860

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

Travels Are Grand LLC, P. O. Box 344, Sagle ID 83860

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*James N. Rolph*

Typed Name

James N. Rolph

Signature

*Barbara P. Rolph*

Typed Name:

Barbara P. Rolph

Secretary of State use only

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04/16/2012 05:00

CX: 506 CT: 269368 DN: 1320025

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