

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN 29 AM 9: 4

SECRETARY OF STATE STATE OF IDAHO

. The name of the limited liability co	ompany is:	STATE OF IDA
VM Mountain LLC		
2. The complete street and mailing a 9253 South Frandsen Road Lava Hot S		e initial designated office:
(Street Address)		
P.O. Box 68 Lava Hot Springs, ID 8324 (Mailing Address, if different than street address)		
3. The name and complete street add		jistered agent:
Jerry Losee	9253 South Frandsen Rd. Lava Hot Springs, ID 83246	
(Name)	(Street Address)	
company: <u>Name</u> Jerry Losee	Address 9253 South Frandsen Rd. Lava Hot Springs, ID 83246	
Arcade Family Fun & Hot Sprs.	Continue on next line	
Hide Away Corp.	222 East Main Lava Hot Springs, ID 83246	
Spare Time Fun Center Corp.	321 West 2nd S. Soda Springs, ID 83276	
	_	
5. Mailing address for future correspondence 5. Mailing address for future 6. Mai	•	al report notices):
6. Future effective date of filing (option	onal):	
(-p		
ignature of a manager, member o	or authorized	
1 1	ſ	Secretary of State use only
ignature JERRY Loce		IDAMO SECRETARY OF STAT 06/29/2015 05:00
yped Name: Jerry Losee		CK:1140 CT:225122 BH:14

W153376

Signature____

Typed Name: _____