



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 14 AM 8:21

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Bon Voyage LLC

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

4201 W Quail Ridge Dr, Boise, ID 83703

(Street Address)

P O Box 140557, Boise, ID 83714

(Mailing Address, if different than street address)

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

Patricia A Baker

(Name)

4201 W Quail Ridge Dr, Boise, ID 83703

(Street Address)

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

Name

Patricia A Baker

Address

4201 W Quail Ridge Dr, Boise, ID 83703

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

P O Box 140557, Boise, ID 83714

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Patricia A Baker

Secretary of State use only

Typed Name:

Patricia A Baker

Signature

Typed Name:
