



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 OCT 25 AM 8:35

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

KELLY TRAVEL, LLC

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

1109 E. SINGING HILLS DR.

(Street Address)

POST FALLS, ID 83854

(Mailing Address, if different than street address)

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

Kelly Ann Severns

(Name)

1109 E. Singing Hills Dr.

(Street Address)

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

Name

Address

Kelly Ann Severns1109 E. Singing Hills Dr.
Post Falls, ID 83854

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

1109 E. Singing Hills Dr., Post Falls, ID 83854

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

KELLY A. SEVERNS

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 10/25/2010 05:00
 CK: 1804 CT: 221758 BH: 1244369
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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