



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 FEB 27 PM 1:28

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Triad Travel Services LLC

2. The complete street address, and mailing address if different, of the initial designated/
-
- principal office:

114 E. Main Street, Craigmont, Idaho 83523

3. The name of the commercial registered agent; or the name and complete street
-
- address of the non-commercial registered agent:

Keith Steffes, 114 E. Main Street, Craigmont, Idaho 83523

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

NameAddress

Keith Steffes

114 E. Main Street, Craigmont, Idaho 83523

Jennifer Hamilton

114 E. Main Street, Craigmont, Idaho 83523

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

c/o: 114 E. Main Street, Craigmont, Idaho 83523

6. Future effective date of filing (optional):

Signature of an organizer(s). (An organizer is a member,
or is acting in behalf of a required, and existing, initial member
or members).Signature [Signature]Typed Name: Karmelia Fredrick, Legalzoom.com, Inc.

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
02/27/2009 05:00
CK: 316657 CT: 167623 BN: 1159033
1 @ 100.00 = 100.00 ORGAN LLC # 2

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