

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 MAY -2 AM 9: 03

OF OPETABLY OF OTATE

	(Instructions on back o	f application	1)	SECKLIANY UT STATE
1	The name of the limited liability comp	any is:		STATE OF IDAHO
	Up A Creek Adventures, LLC	•		
2.	The complete street and mailing address 1220 Cameron Ave. Idaho Falls, ID 83402	esses of the	initial designate	d office:
	(Street Address)			
	(Mailing Address, if different than street address)			
3	The name and complete street address of the registered agent:			
	Jay Schriock	1220 Camero	n Ave. Idaho Falls, I	D 83402
	(Name)	(Street Address)		
	company: <u>Name</u>	ast one member or manager of the limited liability Address 1220 Cameron Ave. Idaho Falls, ID 83402		
5. I	Mailing address for future correspondents 1220 Cameron Avenue Idaho Falis, ID 8340	· ·	al report notices)	:
			<u>'</u>	
6.	Future effective date of filing (optional	l):		
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pers	nature of a manager, member or a on.	utnorizea		
		15		rry of State use only
Sign	nature	res		/02/2014 05:00
Туре	ed Name: Jay Schriock	<u></u>		CT:296403 BH:1423 D = 100.80 ORGAN L
Sion	ature			

W137453

cert ora lic Rev. 07/2010

Typed Name: ______