# CERTIFICATE OF ORGANIZATION
# LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

12 JUN 13 AM 10:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

EXPLORE P.A.C.E. L.L.C.

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

219 1st Ave Ketchum, ID 83340
(Street Address)

PO Box 5043 Ketchum, ID 83340
(Mailing Address, if different than street address)

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

Natalie Spencer (Name) — 109 Simpson Ketchum, ID 83340 (Street Address)

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

| Name | Address |
|---|---|
| Natalie Spencer | PO Box 5043 Ketchum, ID 83340 |
| | |
| | |
| | |
| | |

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

PO Box 5043 Ketchum, ID 83340

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Natalie Spencer

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/13/2012 05:00
CK: 160 CT: 267736 BH: 1328887
1 @ 100.00 = 100.00 ORGAN LLC # 2

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