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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 JUL 27 AM 11:05

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Travis Hofland Golf, LLC.

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

1566 Brookside Loop

(Street Address)

Twin Falls ID 83301

(Mailing Address, if different than street address)

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

Travis Hofland

(Name)

1566 Brookside Loop, Twin Falls ID 83301

(Street Address)

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

NameAddress

Travis Hofland

1566 Brookside Loop, Twin Falls ID 83301

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

1566 Brookside Loop, Twin Falls ID 83301

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Travis Hofland

Secretary of State use only

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
07/27/2010 05:00  
CK: 483675 CT: 172099 BH: 1232338  
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