



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 DEC 22 PM 4: 55

1. The name of the limited liability company is:

Camp Relax LLC of Idaho

SECRETARY OF STATE
STATE OF IDAHO

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

486 dixon St, Priest river, Id 83856
(Street Address)

(Mailing Address, if different than street address)

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

Steven Bowden 486 dixon Priest river, Id 83856
(Name) (Street Address)

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

Name	Address
<u>Steven Bowden</u>	<u>486 dixon Priest river, Id 83856</u>
<u>Dana Bowden</u>	<u>486 dixon Priest river, Id 83856</u>
_____	_____
_____	_____
_____	_____

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

486 dixon Priest river, Id 83856

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: Steven Bowden

Signature [Signature]
Typed Name: Dana Bowden

208-597-0799
Secretary of State use only

IDAHO SECRETARY OF STATE

12/22/2014 05:00

CK:1598 CT:304386 BH:1454014

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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