

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 OCT -7 AM 10: 15

<b>1</b>	(Instructions on ba	ck of application)	SECRETARY OF STATE
1.	The name of the limited liability company is:		STATE OF IDAHO
	Andrew Family Cabin, LLC	· •	
2.	The complete street and mailing a 3298 North Five Mile Road, Boise, ID 8 (Street Address)		tial designated office:
	(Mailing Address, if different than street address	)	
3.	The name and complete street address of the registered agent:		
	Barbara Woolf	3298 North Five Mile Road, Boise, ID 83713	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Barbara Woolf	Address 3298 N. Five Mile Rd., Boise, ID 83713	
5.	Mailing address for future corresp 3298 North Five Mile Road, Boise, ID 8	•	eport notices):
6.	Future effective date of filing (opti	onal):	
Sig:	nature of a manager, member of	or authorized	
Sign	ed Name: Barbara Woolf	of a	Secretary of State use only  IDAHO SECRETARY OF STATE  10/07/2014 05:00  CK:1311 CT:291161 BH:144429  16 100.00 = 100.00 DRGAN LLC
	nature		WHZQQT
Typ	ed Name:	1	N14.84.4 1

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