



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
10 MAR 22 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ESCAPES LLC

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

3205 PINE HILL CIRCLE

(Street Address)

COEUR D'ALENE ID 83815

(Mailing Address, if different than street address)

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

AARON RIETZE

(Name)

3205 PINE HILL CIRCLE

(Street Address)

COEUR D'ALENE ID 83815

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

Name

Address

AARON RIETZE

3205 PINE HILL CIR

COEUR D'ALENE ID 83815

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

SAME AS ABOVE

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Aaron Rietze

Typed Name: AARON RIETZE

Signature

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
03/22/2010 05:00
CK: 4126 CT: 246244 BH: 1214038
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