



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

12 APR 23 PM 2:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TREASURE VALLEY SPA COVERS LLC

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

1309 N. PATRICIA LANE

(Street Address)

BOISE IDAHO 83704

(Mailing Address, if different than street address)

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

CORY SELLERS

(Name)

1309 N. PATRICIA LANE BOISE IDAHO 83704

(Street Address)

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

Name

Address

CORY SELLERS

1309 N. PATRICIA LANE BOISE IDAHO 83704

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

1309 N. PATRICIA LANE BOISE IDAHO 83704

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

Signature of a manager, member or authorized person.

Signature

Typed Name: CORY SELLERS

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
04/24/2012 05:00
CK: CASH CT: 269626 BH: 1321079
1 @ 100.00 = 100.00 ORGAN LLC # 2

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