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-FILED-

File #: 0005209599

Date Filed: 4/24/2023 12:22:45 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)		Expedited (+\$40; filing fee \$140)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		Rivendell Retreats LLC	
The complete street address of the principal office is: Principal Office Address		640 POWDERHORN DRIVE JACKSONVILLE, OR 97501	
3. The mailing address of the principa	I office is:		
Mailing Address		PO BOX 1569 JACKSONVILLE, OR 97530-1569	
4. Registered Agent Name and Addre	ss		
Registered Agent		REGISTERED AGENTS INC Commercial Registered Agent	
		Physical Address	
		784 S CLEARWATER LOOP STE R POST FALLS, ID 83854	
		Mailing Address	
		784 S CLEARWATER LOOP STE R POST FALLS, ID 83854	
☑ I affirm that the registered	ed agent appointed has consented	d to serve as registered agent for this entity.	
5. Governors			
Name		Address	
Al Dinardi	800 WEST 8TH STREET MEDFORD, OR 97501	800 WEST 8TH STREET MEDFORD, OR 97501	
Signature of Organizer:			
Robin Jones		04/24/2023	
Sign Here		Date	