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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE**2015 MAR -3 PM 2:03**SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Holley Cabin, LLC

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

425 Bob Barton Road, Jerome, Idaho 83338

(Street Address)

(Mailing Address, if different than street address)

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

Diane L. Holley

(Name)

425 Bob Barton Road, Jerome, Idaho 83338

(Street Address)

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

NameAddressDiane L. Holley425 Bob Barton Road, Jerome, Idaho 83338

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

425 Bob Barton Road, Jerome, Idaho 83338

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Brian J. Williams, Attorney

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/03/2015 05:00

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