

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUL 11 PM 4: 41

SECRETARY OF STATE

1. The name of the limited liability company	STATE OF IDAHO
, ,	
2. The complete street and mailing addresses of the initial designated office:	
2920 S. Robort Lane Bobe. ID 85705	
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Joseph Ellis	2920 S. Robott LAME
Joseph EUIS (Street	et Address) Boise, ID 83705
The name and address of at least one member or manager of the limited liability company: Name Address	
TOUR GUS 29	In S. Rebeast LANC
Name Joseph Gelis 29.	Buse ID 83765
5. Mailing address for future correspondence (annual report notices):	
2920 S. POSTE COME BUS	780, 70 83765
2920 S. Paster Lane Rotse, ID 83705 Petent Robert	
6. Future effectivé date of filing (optional):	
Signature of a manager, member or author	orized
person.	Secretary of State use only
Signature Lord Clk	
Signature Tosept EUS Typed Name:	
17 pou 1441110	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	
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