

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2014 DEC 24 AM 8: 24

<b>EDV</b>	(Instructions on	back of application	SECRETARY OF STATE STATE OF IDAHO	
1. The nam	e of the limited liabilit	ty company is:	on its and	
Fairle Ni	ce Cabin LLC			
2. The com	plete street and mailir	ng addresses of the	initial designated office:	
122 Qua	rterhorse Drive, Bellevue,	ID 83313		
(Street Add	ress)			
(Mailing Ad	dress, if different than street add	iress)		
3. The nam	e and complete street	t address of the reg	stered agent:	
Steven J	. Wilson	122 Quarterhorse Drive, Bellevue, ID 83313		
(Name)	<del></del>	(Street Address)		
4. The nam company	<i>t</i> :	east one member or	manager of the limited liability	
Ctavana I	Name	400 Outsite to	Address	
Steven J	, VYIISON	122 Quartemo	122 Quarterhorse Drive, Bellevue, ID 83313	
Kathleen	Bjorkman-Wilson	122 Quarterho	122 Quarterhorse Drive, Bellevue, ID 83313	
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6 Mailing a	ddraed fau fishina ann		) named matina).	
	address for future corre Internorse Drive, Bellevue,	•	report notices).	
6. Future et	ffective date of filing (	optional):		
	•	. ,		
Signature of	f a manager, memb	er or authorized		
erson.	4			
	( DXIX)		Secretary of State use only	
Signature	Stored Library		IDAHO SECRETARY OF STA	
Typed Name	Steven J. Wison		12/24/2014 05:0	
Signature			CK:1040312 CT:13941 BH: 16 100.00 = 100.00 ORGAN	
Typed Name	Kathleen Bjorkman-Wil	son		
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