



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SEP 18 AM 8:51

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

REST ASSURED INNS & SUITES, LLC

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

745 WASHINGTON ST, MONTPELIER, ID 83254

(Street Address)

143 BONNEVILLE CIR, KAYSVILLE, UT 84037

(Mailing Address, if different than street address)

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

Derek Rider

(Name)

745 WASHINGTON ST, MONTPELIER, ID 83254

(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>DEREK RIDER</u>	<u>143 BONNEVILLE CIR, KAYSVILLE, UT 84037</u>
<u>TAMMY RIDER</u>	<u>143 BONNEVILLE CIR, KAYSVILLE, UT 84037</u>
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5. Mailing address for future correspondence (annual report notices):

143 BONNEVILLE CIR, KAYSVILLE, UT 84037

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: DEREK RIDER

Signature [Signature]
Typed Name: TAMMY RIDER

Secretary of State use only

IDAHO SECRETARY OF STATE
09/18/2013 05:00
CK: 1274 CT: 287674 BH: 1390522
1 @ 100.00 = 100.00 ORGAN LLC # 2

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