



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 MAY 29 AM 10:35

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

WAKE UP LAKE TOURS, LLC

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

N 27900 Goodhope Road, Athol, Idaho 83801

(Street Address)

(Mailing Address, if different than street address)

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

Sarah Mott

(Name)

N 27900 Goodhope Road, Athol, Idaho 83801

(Street Address)

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

**Name**

**Address**

Sarah Mott

N 27900 Goodhope Road, Athol, Idaho 83801

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

N 27900 Goodhope Rd Athol ID 83801

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Sarah Mott

Typed Name: Sarah Mott

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
05/29/2009 05:00  
CX: 7453 CT: 162679 DN: 1172462  
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