## FILED EFFECTIVE

## ARTICLES OF ORGANIZATION LAMITED LIABILITY COMPANY 2003 MAR 24 AM 8: 50

0	(Instructions on back of	The state of the s
1.	the name of the limited liability comp	any is: STATE OF IDAHO
	The state of the s	ate Adventure, LLC
2. '	The street address of the initial registe	ered office is:
	2188 Addison Ave. E., Twin Falls, ID 83301	
	and the name of the initial registered	agent at the above address is:
	Julia Pollow	
3	The mailing address for future corres	pondence is:
Ο.	P. O. Box 2775, Twin Falls, ID 83303-2775	
1	Management of the limited liability co	· · · · · · · · · · · · · · · · · · ·
4.	Manager(s) or Member(s) (please check the appropriate box)	
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the	
	member(s), list the name(s) and address(es) of at least one initial member.	
	Name	Address
	Julia Pollow	P. O. Box 2775, Twin Falls, ID 83303-2775
	Douglas Pollow	P. O. Box 2775, Twin Falls, ID 83303-2775
	Stacey Wraalstad	1531 Ilth Ave. E., Twin Falls, ID 83301
	Randal Wraalstad	1531 llth Ave. E., Twin Falls, ID 83301
	Randai Waaistad	100 1 1111 / 1101 / 1101
6.	Signature of at least one person res	ponsible for forming the limited liability company:
	Signature: Julia Colly	Secretary of State use only
	Typed Name: <u>Julia Pollow</u>	, station p
	Capacity: Member	IDAHO SECRETARY OF STATE    03/28/2003 05 = 06   CK: NO CK # CT: 168672 BH: 6713   1 0 100.08 = 100.00 ORGAN LLC
	Signature Vindus filo	IDAHO SECRETARY OF STATE  93/28/2003 05 = 06  CK: NO CK # CT: 168672 BH: 6713  1 @ 100.00 = 100.00 ORGAN LLC
	Typed Name: Douglas Pollow	CK: NO CK # CT: 168672 BH: 6713
	Capacity: Member	1 0 100.00 = 100.00 DRGAN LLC

EIN-35-2198355

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