







STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0006218913

Date

Date Filed: 4/28/2025 12:04:44 PM

Select one: Standard, Expedited or Same Edescriptions below)	ay Service (see Expedited (+\$40; filing fee \$140)
I. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Adventure land LLC
2. The complete street address of the principal office is:	
Principal Office Address	6 ADVENTURE LANE SALMON, ID 83467
3. The mailing address of the principal office is:	
Mailing Address	6 ADVENTURE LN SALMON, ID 83467-5009
1. Registered Agent Name and Address	
Registered Agent	Registered Agent
	David S.t Jackson Physical Address:
	6 ADVENTURE LN
	SALMON, ID 83467-5009
	Mailing Address:
	6 ADVENTURE LN
_	SALMON, ID 83467-5009
I affirm that the registered agent appoin	ed has consented to serve as registered agent for this entity.
5. Governors	
Name	Address
David S.T. Jackson	6 ADVENTURE LANE
	SALMON, ID 83467
Signature of Organizer:	
signature of Organizer.	
olynature of Organizer.	

Sign Here