

CERTIFICATE OF ORGANIZATION ED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL -7 AM 10: 03

SECRETARY OF STATE

1.	The name of the limited liability comp	pany is:	STATE OF IDAH
	HARTLAI	ND INN & MOTEL, LLC	
2.	The complete street address, and ma principal office:	iling address if different, o	of the initial designated/
	211 NORRIS, P.O. BOX	215, NEW MEADOWS, IDAHC	83654
3.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:		
	STEPHEN M. MEHEN, 211 NORRIS	, NEW MEADO	DWS, IDAHO 83654
4.	The name and address of at least one member or manager of the limited liability company: Name Address		
	STEPHEN M. MEHEN	P.O. BOX 636, NEW MEA	DOWS, IDAHO 83654
	JOSEPHINE BETH MEHEN	P.O. BOX 636, NEW MEA	DOWS, IDAHO 83654
5.	Mailing address for future correspondence (annual report notices): P.O. BOX 215, NEW MEADOWS, IDAHO 83654		
6.	Future effective date of filing (optional	1):	
or is	nature of an organizer(s). (An organizer is acting in behalf of a required, and existing, in nembers).	itial member	cretary of State use only

Signature__ Typed Name: JOHN CURTIS HUCKS, ORGANIZER

Signature_ Typed Name: W75-821

IDAHO SECRETARY OF STATE

07/07/2008 05:00

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