



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 FEB 29 PM 12: 21

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

FRACTIONAL ESCAPES, LLC

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

8283 Willowpark

(Street Address)

Garden City, Idaho 83714

(Mailing Address, if different than street address)

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

Marsha W. Huffman

(Name)

8283 Willowpark, Garden City, Idaho

(Street Address)

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

**Name**

**Address**

D. Michael Huffman

8283 Willowpark Garden City, Idaho

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

8283 Willowpark, Garden City, Idaho

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Marsha W. Huffman  
Typed Name: Marsha W. Huffman

Signature D. Michael Huffman  
Typed Name: D. Michael Huffman

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/29/2012 05:00  
CK: 1216 CT: 227069 BH: 1312861  
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