## FILED OFFECTIVE

251



## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

PM 3: 28 (Instructions on back of application) 1. The name of the limited liability company is: Opp Adventures, LLC 2. The street address of the initial registered office is: 13691 West Elmspring Street, Boise, ID 83713 and the name of the initial registered agent at the above address is: Timothy P. Opp 3. The mailing address for future correspondence is: 13691 West Elmspring Street, Boise, ID 83713 4. Management of the limited liability company will be vested in: 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) of 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. Address Name 13691 West Elmspring Street, Boise, ID 83713 Timothy P. Opp 13691 West Elmspring Street, Boise, ID 83713 Cheryl D. Opp 6. Signature of at least one person responsible for forming the limited liability company: Signature: Secretary of State use only Typed Name: Timothy P. Opp Capacity: Member Signature IDAHO SECRETARY OF STATE Typed Name: Cheryl D. 05/84/2004 Capacity: Member

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