

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 OCT -4 AM 8:57

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Timberline Motorcycle Tours LLC

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

765 Elmgrove Ct. Coeur d'Alene ID 83815

(Street Address)

(Mailing Address, if different than street address)

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

Robert Wheelock

(Name)

765 Elmgrove Ct. Coeur d'Alene ID 83815

(Street Address)

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

NameAddress

Robert Wheelock

765 Elmgrove Ct. Coeur d'Alene ID 83815

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

765 Elmgrove Ct. Coeur d'Alene ID 83815

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Robert Wheelock

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 10/04/2010 05:00
 CK: 134 CT: 185883 BH: 1241502
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W 96823