



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 JAN -9 PM 1:58

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Aggipah River Trips, LLC

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

261 Tower Creek Road Salmon, ID 83467

(Street Address)

PO Box 425, Salmon Id 83467

(Mailing Address, if different than street address)

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

Bill Bernt

(Name)

261 Tower Creek Rd Salmon, ID 83467

(Street Address)

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

**Name****Address**Bill BerntPO Box 425, Salmon Idaho 83467Peggy BerntPO Box 425, Salmon Idaho 83467

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

PO Box 425, Salmon Id 83467

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

Signature of a manager, member or authorized person.

Signature *Bill Bernt*Typed Name: Bill Bernt

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 01/10/2012 05:00  
 CK: 18935 CT: 110026 DH: 1305309  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

W109933