Signature ____

Typed Name: _____

251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION 0 OCT 13 PM 2: 10 LIMITED LIABILITY COMPANY SECULIARY OF STATE

	(Instructions on b	ack of application) STATE OF IDAHO
1.	The name of the limited liability	company is:
		Tons of Fun LLC
2.	The complete street and mailing addresses of the initial designated/principal office: 800 W. Idaho, Suite 200, Bolse, Idaho 83702	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Steve Kaufman	3050 N. Lake Harbor Lane, Ste 254B BOISE ID 8376
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name	Address
	Justin Zora	3368 N. Lake Harbor Lane, Apt R 202, Boise, Id 83703
5.	Mailing address for future correspondence (annual report notices):	
	800 W. Idaho, Suite 200, Boise, Idaho 83702	
6.	. Future effective date of filing (optional);	
_	nature of a manager, member	or authorized
•	Att 1	Secretary of State use only
_	nature X New Pauf	
Тур	ed Name: Steve Kaufman	

cert_org_lid Rev. 07/2010

IDAHO SECRETARY OF STATE

10/13/2010 05:00

CK: 528936 CT: 172099 BH: 1242926
1 0 100.00 = 100.00 ORGAN LLC # 4
1 0 20.00 = 20.00 EXPEDITE C # 5