

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

W 110337

(Instructions on back of application)

12 JAN 24 PM 3:52

1.	The name of the limited liability com	npany is:	STATE OF IDAHO	
	Adventurer Explorer Enterprises LLC			
2.	The complete street and mailing addresses of the initial designated office:			
	2969 E Gold Creek St Eagle, Id 83616			
	(Street Address) 372 S Eagle Rd #206 Eagle, ld 83616			
	(Mailing Address, if different than street address)	<u> </u>		
3.	The name and complete street address of the registered agent:			
	David L. West (Name)	2969 E Gold Creek St	Eagle, ld 83616	
	(Marile)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		<u>Address</u>	
	David L. West	2969 E Gold Creek St	Eagle, ld 83616	
	·			
	,			
5.	<ol> <li>Mailing address for future correspondence (annual report notices):</li> <li>372 S Eagle Rd #206 Eagle, ld 83616</li> </ol>			
6.	6. Future effective date of filing (optional):			
Signature of a manager, member or authorized				
person.				
	Grant 1	/ / -	Secretary of State use only	
Signature				
Тур	Typed Name: David L. West			
O!~	<b>~~</b>		IDAHO SECRETARY OF STATE	
Signature			CK: 885452 CT: 172899 BH: 1387564	
			1 8 20.00 = 20.00 EXPEDITE C # 3	