







STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005656100

03/21/2024

Date

Date Filed: 3/21/2024 1:27:05 PM

Select one: Standard, Expedite descriptions below)	ed or Same Day Service (see	Expedited (+\$40; filing fee \$140)	
1. Limited Liability Company Name			
Type of Limited Liability Compa	ny	Limited Liability Company	
Entity name		PCON River Cabin LLC	
2. The complete street address of the prin	ncipal office is:		
Principal Office Address		5251 E. GIFTED VIEW DR COEUR D'ALENE, ID 83814	
3. The mailing address of the principal off	ice is:		
Mailing Address		5251 E GIFTEDVIEW DR COEUR D ALENE, ID 83814-7077	
4. Registered Agent Name and Address			
Registered Agent		CHRISTOPHER M CONLEY Registered Agent	
		Physical Address	
		5251 E GIFTED VIEW DR COEUR D ALENE, ID 83814	
		Mailing Address	
I affirm that the registered a	agent appointed has consented	d to serve as registered agent for this entity.	
Name		Address	
Chris Conley	5251 E. GIFTED VIEW DR COEUR D'ALENE, ID 83814		
Pam Conley		5251 E. GIFTED VIEW DR COEUR D'ALENE, ID 83814	

Pam Conley

Sign Here