



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JAN -6 PM 3:25

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Teton Cabin Care LLC

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

3529 Kilgore-Yale, Island Park, ID 83429

(Street Address)

P.O. Box 77, Island Park, ID 83429

(Mailing Address, if different than street address)

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

Alexa Pires

(Name)

3529 Kilgore-Yale, Island Park, ID 83429

(Street Address)

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

Alexa Pires

Name

3529 Kilgore-Yale, Island Park, ID 83429

Address

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

P.O. Box 77, Island Park, Idaho 83429

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

Signature of a manager, member or authorized person.

Signature

Alexa Pires

Typed Name:

Alexa Pires

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/06/2015 05:00

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