



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2012 NOV -9 AM 9:02

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ADAMS WATER FRONT VACATION RENTALS L.L.C.

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

5048 E. SHORELINE DR. POST FALLS, IDAHO 83854

(Street Address)

(Mailing Address, if different than street address)

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

MONIQUE F. ADAMS

(Name)

5048 E. SHORELINE DR. POST FALLS, IDAHO 83854

(Street Address)

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

**Name**

**Address**

JOSEPH ADAMS

5048 E. SHORLEINE DR. POST FALLS, IDAHO 83854

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

5048 E. SHORLINE DR. POST FALLS IDAHO 83854

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

Signature of a manager, member or authorized person.

Signature

*Monique F. Adams*

Typed Name: MONIQUE F. ADAMS

Signature

*Joseph Adams*

Typed Name: JOSEPH ADAMS

Secretary of State use only

IDAHO SECRETARY OF STATE

11/09/2012 05:00

CK: 1024 CT: 276110 BH: 1347148  
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