FILED EFFECTIVE



251

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 FEB 15 PM 3: 11

	(Instructions on back of application)	
1. T	he name of the limited liability co	STATE ΩΕ ΙΝΔΗΩ
	RTA	AT ADVENTURES, LLC
	he complete street and mailing at 1075 E. 1465 N. SHELLEY, ID 83274	ddresses of the initial designated/principal office:
Ī	(Street Address)	
•	(Mailing Address, if different than street address)	
3. T	The name and complete street address of the registered agent:	
	ROBERT THOMPSON	1075 E. 1465 N. SHELLEY, ID 83274
•	(Name)	(Street Address)
c	ompany: Name	one member or manager of the limited liability Address
	ROBERT THOMPSON	1075 E. 1465 N. SHELLEY, ID 83274
. .	Mailing address for future correspo	ondence (annual report notices):
J. 11	1075 E. 1465 N. SHELLEY, ID 83274	
6. F	uture effective date of filing (option	onal):
_	ature of a manager, member o	or authorized
perso	on. 111. A. A. A.	Secretary of State use only
Sign	ature Solvet Cradell	
Type	d Name: ROBERT CRANDALL	
Sign	ature	
Туре	d Name:	

cert_org_lic Rev. 07/2010

1 8 20.00 = 20.00 EXPEDITE C # 3

W100548