FILED EFFECTIVE

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## CERTIFICATE OF ORGANIZATION AND APR 20 PM 2: 17 LIMITED LIABILITY COMPANY

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42	(Instructions on ba	ck of applicati	on)
1.	The name of the limited liability company is:		
	B&T H	lospitality Menaç	gement, LLC
2.	The complete street and mailing addresses of the initial designated/principal office: 901 Pier View Drive, Ste 201, Idaho Falls, ID, 83402		
	(Street Address) PO Box 51298, Idaho Falis, ID, 83405 (Malling Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Thei W. Casper, Esq. 901 Pier View Drive, Ste 201, Idaho Falis, ID, 83402 (Name) (Street Address)		
	(Name) (Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Address		
	BV Management Services, Inc. PO Box 51298, Idaho Falls, ID, 83405		
5.	Mailing address for future correspondence PO Box 51298, Idaho Falls, ID, 83405	ondence (ann	ual report notices):
6.	Future effective date of filing (option	onal):	·
Sigr pers	nature of a manager, member o son.	r authorized	
O!	- Charles		Secretary of State use only
	ed Name: Thei W. Casper, Organizer		
Sign	ature		IDAHO SECRETARY OF STATE  94/20/2011 95:06
	ed Name:		CK: NOME CT: 167590 BH: 1278123 1 9 100.00 = 100.00 ORGAN LLC # 1 9 20.00 = 20.00 EXPEDITE C

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