

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2012 JUL -6 PM 3: 17

(B TO	(Instructions on b	eack of application)	SECRETARY OF STATE STATE OF IDAHO	
1.	The name of the limited liability	company is:	STATE OF TORMS	
	Idaho Water Adventures LLC			
2.	The complete street and mailing addresses of the initial designated office:			
	3403 south poco loco place Bosie Idaho 83705			
	(Street Address)	-		
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Joshua Jackson	3403 south poco loco	3403 south poco loco place Boise Idaho 83705	
	(Name)	(Street Address)	<del></del>	
	The name and address of at leacompany:	st one member or mana	ger of the limited liability	
	<u>Name</u>		<u>Address</u>	
	Joshua Jackson	3403 south poco loco	3403 south poco loco place Boise Idaho 83705	
			<u>-</u>	
5. N	Mailing address for future corres	snondence (annual renor	t notices).	
Ų. I	3403 south poco loco place Boise Ida	•	t notioos).	
6. F	Future effective date of filing (op			
Sign perse	ature of a manager, member	or authorized		
p - 1 - 1			Secretary of State use only	
	ature (w	1		
Type	d Name: Joshua Jackson			
Signa	ature		IDAHO SECRETARY OF STATE 07/06/2012 05:00 CK: 1855127 CT: 172099 BH: 1331114	
Туре	d Name:		1 0 100.00 = 100.00 ORGAN LLC # 2	

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