



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 MAR 11 PM 3:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CK Adventures, LLC

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

1577 N. Linder Rd #213

(Street Address)

Kuna, Idaho 83634

(Mailing Address, if different than street address)

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

CarrieAnne Kowalczyk

(Name)

1577 N. Linder Rd #213 Kuna, Id 83634

(Street Address)

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

Name

Address

CarrieAnne Kowalczyk

1577 N. Linder Rd #213 Kuna, Id 83634

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

1577 N. Linder Rd #213 Kuna, Idaho 83634

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

Signature of a manager, member or authorized person.

Signature

Typed Name: CarrieAnne Kowalczyk

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/11/2014 05:00
CK: 1735343 CT: 172099 BH: 1414731
1 @ 100.00 = 100.00 ORGAN LLC # 2

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