



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 FEB 11 AM 8:36

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Bear Lake Bloomington Retreat LLC

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

360 North 2nd West P.O. Box 266 Bloomington, Idaho 83223

(Street Address)

(Mailing Address, if different than street address)

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

Julie Payne

(Name)

360 N. 2nd. S. Bloomington Idaho 83223

(Street Address)

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

Name

Address

Julie Payne

360 N.2W. Bloomington Idaho 83223

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

360 N 2 W. P.O. Box 266 Bloomington, Idaho 83223

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Julie Payne

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/11/2011 05:00  
CK: 12586 CT: 131673 BH: 1259712  
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