



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

11 MAY 11 AM 8:46

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

STANLEY VACATION RENTALS, LLC

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

220 NIECE STANLEY, IDAHO 83278
(Street Address)

PO BOX 148 STANLEY, IDAHO 83278
(Mailing Address, if different than street address)

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

CHRISTINA R. THOMPSON 220 NIECE
(Name) (Street Address) STANLEY, IDAHO 83278

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

Name	Address
<u>CHRISTINA R. THOMPSON*</u>	<u>220 NIECE, STANLEY, ID. 83278</u>
<u>CHARLES K. THOMPSON*</u>	<u>220 NIECE, STANLEY, ID. 83278</u>

* husband and wife

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

PO BOX 148 STANLEY, IDAHO 83278

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

Signature of a manager, member or authorized person.

Signature Christina R. Thompson
Typed Name: CHRISTINA R. THOMPSON

Signature Charles K. Thompson
Typed Name: CHARLES K. THOMPSON

Secretary of State use only

IDAHO SECRETARY OF STATE
05/11/2011 05:00
CK: 1004 CT: 250693 BH: 1273194
1 @ 100.00 = 100.00 ORGAN LLC # 2

W103278