CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed

2018 MAY -2 AM 9: 18

Complete and submit the ap	plication in <u>duplicate</u> .	SECRETARY OF STATE STATE OF IDAHO
The name of the limited liability compan	ıy is:	STATE OF TUANO
CAPTIVATE EVENT CENTER L.L.C	C .	
(Remember to include the words "Limited	Liability Company," "Limited Cor	mpany, "or the abbreviations L.L.C., LLC, or LC)
The complete street and mailing address	sses of the principal offic	ee is:
3612 East 3880 North, Kimberly, ID	•	
(Street Address)		
(Mailing Address, if different)		
The name and complete street address	of the registered agent:	
3612 East 3880 North Kimberly, ID	83341 ANGELA JA	CKSON
(Name)	(Address)	······································
TI	# 41 · 42 · 44 · 14	4.40
The name and address of at least one g		• • •
Angela Jackson	·	rth, Kimberly, ID 83341
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	***************************************
,	((ddicas)	
(Name)	(Address)	
Mailing address for future corresponder	nce (annual report notice	es):
3612 East 3880 North, Kimberly, ID	83341	
(Address)		
ature of organizer(s).		County of Other
ed Name: Angela Jackson		Secretary of State use only
		IDAHO SECRETARY OF STATE 05/02/2018 05:00

Signature (

Printed Name:

Signature:

Rev. 01/2018

CK:1183 CT:357169 BH:1641524 10 100.00 = 100.00 ORGAN LLC #2

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