

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYILED EFFECTIVE

(Instructions on back of application)

2015 HAY | | AM 10: 21

2. The complete street and mailing addresses of the initial designated office: 295 S 100 W St. Charles, ID 83272 (Street Address): PO Box 155 St. Charles, ID 83272 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Adrienne Ford 295 S 100 W St. Charles, ID 83272 (Name) 4. The name and address of at least one member or manager of the limited liability company: Name Address Address Address PO Box 155 St. Charles, ID 83272 5. Mailing address for future correspondence (annual report notices): PO Box 155 St. Charles, ID 83272 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only IDAHO SECRETARY OF 05/11/31/2015 05 SIGNATURE Address Secretary of State use only IDAHO SECRETARY OF 05/11/31/2015 05 SIGNATURE Address Secretary of State use only IDAHO SECRETARY OF 05/11/31/2015 05 SIGNATURE Address Secretary of State use only IDAHO SECRETARY OF 05/11/31/2015 05 SECRETARY OF 05/11/31/2015 0	The name of the limited liability company is: Ford Travel Adventures, LLC		SECRETARY OF STATE STATE OF IDAHO
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