



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

10 MAR - 1 PM 3:09

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ALL SEASONS Rest Control LLC

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

956 W. State St. meridian ID. 83642  
(Street Address)

(Mailing Address, if different than street address)

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

Don Shea

(Name)

956 W. State

(Street Address)

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

LARY GAYTHWAITE

(Name)

2525 prve B&B meridian ID 83642

(Address)

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

956 W. State St meridian ID 83642

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature \_\_\_\_\_

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

Signature Lary Gaythwaite

Typed Name: LARY GAYTHWAITE

LLC Form 100-100-000  
Revised 07/2008

Secretary of State use only

W 91056

IDaho SECRETARY OF STATE  
03/01/2010 05:00  
CX: 395888 CT: 172099 DH: 1218319  
1 @ 100.00 = 100.00 DGRM LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3