



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 APR 15 AM 8:04

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Freeman Family Retreats, LLC

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

4347 N Pine-Featherville Rd

(Street Address)

Featherville, ID 83647

(Mailing Address, if different than street address)

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

Gary E. Freeman

(Name)

4347 N Pine Featherville Rd, Featherville, ID 83647

(Street Address)

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

Name

Address

Gary E. Freeman

4347 N Pine-Featherville Rd, Featherville, ID 83647

Denise Freeman

4347 N Pine-Featherville Rd, Featherville, ID 83647

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

4347 N Pine-Featherville Rd, Featherville, ID 83647

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Gary E Freeman

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
04/15/2011 05:00
CK: 1195 CT: 257812 BH: 1269392
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