

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 22 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ValerVacationRentalS.com, LLC

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

PO BOX 600 141 N. Main ST, Donnelly ID 83615
 (Street Address)

PO BOX 600, Donnelly ID 83615
 (Mailing Address, if different than street address)

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

Cyndi Bonetti
 (Name)

141 N. Main ST

(Street Address)

Donnelly, ID 83615

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

Name

Address

Cyndi Bonetti PO BOX 683 McCall ID 83638

Christopher Kirk PO BOX 683 McCall, ID 83638

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

PO BOX 600, Donnelly, ID 83615

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

Signature of a manager, member or authorized person.

Signature Cyndi Bonetti

Typed Name: Cyndi Bonetti

Signature _____

Typed Name: _____

Secretary of State use only

IDABO SECRETARY OF STATE
 11/22/2010 05:00
 CK: 3584 CT: 251559 BH: 1246180
 1 @ 100.00 = 100.00 ORGAN LLC # 2