

## CERTIFICATE OF ORGANIZATION 2014 JUL 29 AM 8: 32 LIMITED LIABILITY COMPANY

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	(Instructions on	back of application)	
1. The nam	ne of the limited liabilit	y company is:	STATE OF IDAHO
Aloha Te	eton LLC		
. The com	plete street and mailin	g addresses of the i	initial designated office:
50 E	. Wallace Ave., Di	riggs, ID 83422	
(Street Add	<sup>dress)</sup> Laulea Pl., Paia F	нт 96779	
	ddress, if different than street add		
. The nam	ne and complete street	address of the regis	stered agent:
Brett Co	oke	50 E. Wallace Ave. Driggs, ID 83422	
(Name)		(Street Address)	
. The nam	<b>y</b> :	ast one member or a	manager of the limited liability
William ?	<u>Name</u> F. Jalbert	<u>Address</u> 454 Laulea Place, Paia, HI 96779	
			<del> </del>
	<u>.</u>		
5 Mailing (	addrage for future corre	aspondence (annual	I roport notices):
· <del>-</del>	address for future corre allace St. Driggs, ID 83422	= '5'	report notices).
6. Future e	ffective date of filing (d	optional):	
	f a manager member	er or authorized	
erson.	This.		Secretary of State use only
ignature <u></u>	14 WY		
yped Name	: William T. Jalbert		IDAHO SECRETARY OF STATE
	/		07/29/2014 05:00
ignature		<del></del>	CK: 5967 CT: 299511 BH: 1435199
unad Name	••		16 100.00 = 100.00 ORGAN LLC

W140472

16 20.00 = 20.00 EXPEDITE C #3

9/21/2012

Typed Name: \_\_