

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY ONLINE 15 M 9: 36

	(Instructions on back of		2011 MAR 15 KI 3-30
1.	The name of the limited liability comp	any is:	STATE OF TOAHO
	Blue	Water Days, LLC	
2,	The complete street and mailing addresses of the initial designated/principal office: 351 East 5th South, Rexburg, ID 83440		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Michelle Sovine	351 East 5th Sout	h, Rexburg, ID 83440
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address ID 22442	
	Michelle Sovine 351 East 5th South, Rexburg, ID 83440		
	Henry Addison Sovine	1486 S 60 W,Orem, UT 84058	
5.	Mailing address for future corresponde	ence (annual report no South, Rexburg, 1D 83440	otices):
6.	Future effective date of filing (optional):		
~	nature of organizer(s). (An organizer is a m	nember, or is	County of Chita was arb
Sig	natureWHP. Wulle	M III-PMD	Secretary of State use only
Тур	ed Name: Scott P. Eskelson, Organiz	Pidemski, C formsteart, org. lic.PMD Revised 07/2008	IDANO SECRETARY OF STATE
Sia	nature	ELC & CX	3/15/2011 85:00 : NONE CT: 113824 BH: 1264324
	ed Name:	Age of the state o	100.00 = 100.00 ORGAN LLC # 2
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