

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2014 APR -4 PM 12:02

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Adventure Educators LLC

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

1781 East Highgate Ct Eagle, Id 83616

(Street Address)

(Mailing Address, if different than street address)

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

Nicholas London

(Name)

1781 E. Highgate Ct. Eagle, Id 83616

(Street Address)

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

NameAddress

Nicholas London

1781 E. Highgate Ct. Eagle, Id 83616

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

1781 E. Highgate Ct. Eagle, Id 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Nicholas London

Signature \_\_\_\_\_

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

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 04/04/2014 05:00  
 CK: 1130 CT: 295251 BH: 1418694  
 I P 100.00 = 100.00 ORGAN LLC # 2

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