

## **ARTICLES OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2005 DEC 13 AM 9: 0

1.	The name of the limited liability com MOUNTAIN VALLEY CONCIER			SECRETARY CE STAT STATE OF DE 10
2.	The street address of the initial regis	stered office is	:	SIME OF THE
	and the name of the initial registered YVONNE WILSON		bove address is:	
3.	The mailing address for future correspondence is: 3390 RIDGE DRIVE, MCCALL, IDAHO			
4.	Management of the limited liability company will be vested in:  Manager(s) or Member(s) (please check the appropriate box)			
	f management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.			
	Name	Address		
	YVONNE WILSON	3390 RIDGI	DRIVE, MCCAL	L ID 83638
	Signature of at least one person response	onsible for forn	ning the limited liab	Dility company:
T	yped Name: YVONNE WILSON apacity: OWNER/MANAGER	softwarization 665	Secretary of	of State use only
Ту	gnature /ped Name:apacity:	TNS	ċk:	IDAHO SECRETARY OF STATE /13/2005 05:00 453 CT: 194940 BH: 926503 80.00 = 100.00 ORGAN LLC # ;