

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 SEP 20 AM 9: 08

1. The name of the limited liability company is:	OCOPERATOR DE LA COMPANION DE
Lava Hot Springs Su	utes LLC STATE OF MAINTE
2. The complete street and mailing addresses of	the initial designated office:
(Street Address) South 1st East Lava t	tot Springs, ID 83246
(Mailing Address, if different t' street address)	Springs, ID 83246
3. The name and complete street address of the r	egistered agent:
(Name) 10936 (Street Address	Westchwiter Rd, Lava Hot Springs
The name and address of at least one member company:	or manager of the limited liability
Eric S. Hill 10936	Weitcheller Rd, To 83246
5. Mailing address for future correspondence (annu P.D. Box 115 Lave Hot	Son HAS TO 83246
6. Future effective date of filing (optional):	7. 33, 40 37, 70
Signature of a manager, member or authorized person.	
	Secretary of State use only
Signature	
Typed Name:	
Signature	IDAHO SECRETARY OF STATE
Гуреd Name:	09/20/2013 05:00 CK: 925 CT: 280255 RH: 1390931 1 8 180.60 = 180.60 DRGN U C # 2

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