



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2012 MAR -7 AM 8:59

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Best Adventure Tyme, LLC

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

1630 Claremont, Idaho Falls, Idaho 83404

(Street Address)

(Mailing Address, if different than street address)

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

Michael J. Whyte

(Name)

2635 Channing Way, Idaho Falls, Idaho 83404

(Street Address)

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

Name

Address

Gregory West

1630 Claremont, Idaho Falls, Idaho 83404

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

2635 Channing Way, Idaho Falls, Idaho 83404

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Gregory West

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/07/2012 05:00  
CK: 52108 CT: 1498 BH: 1313896  
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