

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY M3 JUN 23 AM 9: 16

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	(Instructions on bac	k of application)
1.	The name of the limited liability com VACATION CREATIONS, LLC	npany is: STATE OF IDAHO
2.	The street address of the initial regis	
	and the name of the initial registered KATJA CASSON	l agent at the above address is:
3.	The mailing address for future corres	
4.	Management of the limited liability co	1
	Manager(s) or Member(s)	(please check the appropriate box)
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) or 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.	
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	Name	Address
S T	Name KATJA CASSON	P. O. BOX 3495, HAILEY, ID 83333

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