



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 MAR 22 PM 12:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NELSON BED AND BREAKFAST LLC

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

LOT 7 BLOCK A SPRING VALLEY ACRES, BLACKFOOT, ID 83221

(Street Address)

2442 HILLSIDE DRIVE, SODA SPRINGS, ID 83276

(Mailing Address, if different than street address)

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

CRAIG NELSON

(Name)

2442 HILLSIDE DRIVE, SODA SPRINGS, ID 83276

(Street Address)

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

NameAddressCRAIG NELSON2442 HILLSIDE DRIVE, SODA SPRINGS, ID 83276

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

2442 HILLSIDE DRIVE, SODA SPRINGS, ID 83276

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Craig NelsonTyped Name: CRAIG NELSON

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008IDHO SECRETARY OF STATE
03/23/2010 05:00
CK: 1285 CT: 217005 DN: 1214196
1 @ 100.00 = 100.00 ORGAN LLC # 2

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