







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004009620

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Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)	
1. Limited Liability Company Name		
Type of Limited Liability Company	Limited Liability Company	
Entity name	A World Away Travels LLC	
2. The complete street address of the principal office is:		
Principal Office Address	5033 SKI MEISTER TRAIL VICTOR, ID 83455	
3. The mailing address of the principal office is:		
Mailing Address	PO BOX 554 VICTOR, ID 83455-0554	
4. Registered Agent Name and Address		
Registered Agent	Registered Agent	
	Tricia K Reynolds	
	Physical Address: 5033 SKI MEISTER TRAIL	
	VICTOR, ID 83455	
	Mailing Address:	
	PO BOX 554 VICTOR, ID 83455-0554	
	VIO. 61.4 ID 00 100 000 1	
I affirm that the registered agent appointed has consented to	serve as registered agent for this entity.	
☐ I affirm that the registered agent appointed has consented to ☐ ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to ☐ I affirm that the registered agent appointed has consented to the registered agent appointed to the registered agent appointe	o serve as registered agent for this entity.	
	o serve as registered agent for this entity. Address	
5. Governors	1	
5. Governors Name	Address PO BOX 554	
5. Governors Name TRICIA K REYNOLDS	Address PO BOX 554 VICTOR, ID 83455 PO BOX 554	
5. Governors Name TRICIA K REYNOLDS Colin Philip Reynolds	Address PO BOX 554 VICTOR, ID 83455 PO BOX 554	