251

## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION

7014 SEP -5 PM 2: 26

LIMITED LI	abilii y compai	SECRETARY OF STATE	
(Instruction:	(Instructions on back of application)		
1. The name of the limited li	ability company is:		
Wood River Inn, LLC			
<ol><li>The complete street and n 603 N. Main Street, Hailey, ID</li></ol>		ial designated office:	
(Street Address) P.O. Box 7120, Ketchum, ID 8 (Mailing Address, if different than stre			
3. The name and complete s	treet address of the registe	red agent:	
Ryan Allison	114 Board Loop, K	114 Board Loop, Ketchum, ID 83340	
(Name)	(Street Address)		
<ul> <li>The name and address of company:</li> <li>Name</li> </ul>	at least one member or ma	nager of the limited liability  Address	
Ryan Allison	P.O. Box 7120, Ke	P.O. Box 7120, Ketchum, ID 83340	
. Mailing address for future		port notices):	
P.O. Box 7120, Ketchum, ID 8	33340		
) = 1			
. Future effective date of fili	ng (optional):		
ignature of a manager, me erson.	ember or authorized		
	•	Secretary of State use only	
ignature //		•	
yped Name: Ryan Allison			
		IDAHO SECRETARY OF ST	
Signature		09/05/2014 05:	
yped Name:		CK:2198380 CT:172099 BH	
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