

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 24 AM 8: 23

SECRETARY OF

. The name of the limited liabil	ity company is:	STATE OF IDAHO
	Whispering Peak Cabins I	
. The complete street and mail		itial designated/principal office:
· · · · · · · · · · · · · · · · · · ·	524 N. 4000 E.	
(Street Address)	Rigby, ID 83442	
(Malling Address, if different than street ad	<u> </u>	
. The name and complete stree	et address of the registe	ered agent:
Linda Tapp	524 N	. 4000 E. Rigby, ID 83442
(Name)	(Street Address)	
Name Linda Tapp	Address. 524 N. 4000 E. Rigby, ID 83442	
. Mailing address for future con	•	
	524 N. 4000 E. Rigby, ID 8	33442
Future effective date of filing	(ontional):	3 *
. I daire encouve date of filling t	(opaonai)	en e
ignature of organizer(s). (An organ	nizer is a member, or is	
ting in behalf of a member or member		Secretary of State use only
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ignature Alama: Kinga J.	Tapp g	•
yped Name: Lánda J.	- PS	Thous grane
ignature	dde day lic PMD Revised 07/2008	10AHO SECRETARY OF STATE 108/24/2609 65 10 CK: 1834 CT: 23933 65 10
yped Name:	7 P 9	1 8 189.06 = 188.00 (PRAME)