

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

7013 FFB -5 AM 9: 33

	(Instructions on	back of application)	SECRETARY OF STATE	
1.	The name of the limited liability company is:		STATE OF IDAHO	
	Summertime LLC			
2.	The complete street and mailin 501 North 3rd Street, McCall, ID 8 (Street Address)		designated office:	
	PO Box 2691, McCall, ID 83638 (Malling Address, If different than street add	ress)		
3.	The name and complete street address of the registered agent:			
	Troy L. Summers	<u> </u>	501 North 3rd Street, McCall, ID 83638	
	(Name)	(Sireel Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name Years Suranas	<b>DO T T T</b>	Address	
	Troy L. Summers	PO Box 2691, McCall,	PO Box 2691, McCall, ID 83638	
	Jennifer L. Summers	PO Box 2691, McCall,	PO Box 2691, McCall, ID 83638	
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<b>5</b> ,	Mailing address for future corre	spondence (annual report	notices):	
	PO Box 2691, McCall, ID 83638	<u> </u>	•	
б. і	Future effective date of filing (o	ptional):		
Sign pers	ature of a manager, membe	r or authorized		
	1		Secretary of State use only	
Sign	ature J. Sum ed Name: Groy L. Summers	- Lea	·	
Гуре	d Name; Wroy L. Summers			
<b>.</b>	.1		W121564	
sign:	ature			
ı ype	d Name:		IDAHO SECRETARY OF STATE	

9/21/2012

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CK: 1274292 CT: 172099 BH: 1358576 1 @ 100.00 = 100.00 ORGAN LLC # 2

IDAHO SECRETARY OF STATE

02/05/2013 05:00

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