

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 AUG 16 AM 9: 17

(Instructions on back of application)

SECENTIARY OF STATE STATE OF IDAHO

1. The name of the limited liability company is:

Signature_____

Typed Name:

TRAVLER PROPERTIES, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office: 19 S. STATE ST. PRESTON, IDAHO 83263	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	TRAVIS M KUNZ, CPA, CFE	19 S. STATE ST. PRESTON, IDAHO 83263
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	<u>Address</u>
	TRAVIS M. KUNZ	1040 DOUBLE EAGLE CIRCLE PRESTON, ID 83263
	KAMILLE S. KUNZ	1040 DOUBLE EAGLE CIRCLE PRESTON, ID 83263
		dense (annual named matina)
5.	. Mailing address for future correspondence (annual report notices):	
	19 S. STATE ST. PRESTON, IDAHO 8326	53
6.	6. Future effective date of filing (optional):	
Signature of a manager, member or authorized		
person. Secretary of State use only		
Signature		
Typed Name. TRAVIS M. KUNZ		

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IDAHO SECRETARY OF STATE

08/16/2010 05:00

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