



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 APR 28 PM 2:04

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

The Travel Council L.L.C

2. The complete street and mailing addresses of the initial designated office:

3245 N Wing Star Id 83669

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Charles Stanley

(Name)

3245 N. Wing

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Charles Stanley

3245 N. Wing Star Id 83669

Veronica Paul

7121 Brookover Nampa 83651

5. Mailing address for future correspondence (annual report notices):

3245 N.Wing Star Idaho 83669

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Charles Stanley

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/28/2014 05:00

CK:CASH CT:296186 BH:1422245

1@ 100.00 = 100.00 ORGAN LLC #2

W137376