



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUL 12 AM 9:03

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Timberline Adventures LLC

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

3060 Backhand Dr; Ammon, ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

Angelina W Farnes

(Name)

3060 Backhand Dr; Ammon, ID 83406

(Street Address)

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

**Name**

**Address**

Angelina W Farnes

3060 Backhand Dr; Ammon, ID 83406

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

3060 Backhand Dr; Ammon, ID 83406

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Angelina W Farnes

Typed Name: Angelina W Farnes

Signature \_\_\_\_\_

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

Secretary of State use only

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07/12/2012 05:00  
CK: 5311 CT: 254244 BH: 1331743  
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