





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

This filing form (submit within 30 days) with the required signature(s).

If you are submitting a correction, return the correction letter with your updated document.

For Office Use Only

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File #: 0005331585

Date Filed: 7/25/2023 4:50:56 PM

| | | | · · |
|---|--------------------------------|--|-----|
| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Standard (filing fee \$100) | |
| 1. Limited Liability Company Name | | The state of the s | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Hop on Hop Off Idaho LLC | |
| 2. The complete street address of the principal offi | ce is: | | |
| Principal Office Address | | CAMILLE SCHILLER | |
| | | 10065 W WESTVIEW DR. | |
| | | BOISE, ID 83704 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | CAMILLE SCHILLER | |
| | | 10065 W WESTVIEW DR | |
| | | BOISE, ID 83704 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent | |
| | | Camille Schiller | |
| | | Physical Address: 10065 W WESTVIEW DR. | |
| | | BOISE, ID 83704 | |
| | | Mailing Address: | |
| | | 10065 W WESTVIEW DR | |
| | | BOISE, ID 83704 | |
| ☑ I affirm that the registered agent approximately ap | opointed has consented | to serve as registered agent for this entity. | |
| | | | |
| 5. Governors | p' | | |
| Name | | Address | |
| Camille Schiller | 10065 W WEST BOISE, ID 8370 | | |
| | | | |
| Signature of Organizer: Sign Here | hu | | |
| Print & Mail Enclosures | | | |
| ☑ I understand the document can ON | II Y be filed if the follow | ing items are included: | |
| · and ordered and document call of | Do mod ii dio lollow | mg nome are included. | |
| Payment in the amount of \$100.00 (if | expedited, \$140; if 24 | hours processing, \$200) - checks payable to the | |
| Secretary of State, signed and recent | tly dated. | | |