



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 SEP 10 AM 9:20

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

SALMON RIVER INN LLC

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

129 S MAIN ST RIGGINS IDAHO 83549

(Street Address)

PO BOX 486 RIGGINS IDAHO 83549

(Mailing Address, if different than street address)

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

MIKE BLIMKA

(Name)

129 S MAIN ST RIGGINS IDAHO 83549

(Street Address)

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

**Name**

**Address**

MIKE BLIMKA

129 S MAIN ST RIGGINS IDAHO 83549

MELISSA A BLIMKA

129 S MAIN ST RIGGINS IDAHO 83549

SHENA PULLEN

129 S MAIN ST RIGGINS IDAHO 83549

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

PO BOX 486 RIGGINS IDAHO 83549

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

Signature of a manager, member or authorized person.

Signature 

Typed Name: MIKE BLIMKA

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/10/2013 05:00  
CK: 1013 CT: 107902 BH: 1389455  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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