

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JAN -8 AM 9: 14

	(instructions o	n back of application) OF OD	
1. The n	ame of the limited liabi	lity company is:	SECRETARY OF STATE STATE OF IDAHO	
	r Canyon Retreat LLC		-:	
	omplete street and mail	•	initial designated office:	
	Address)			
(Mailin	g Address, if different than street a	ddress)		
3. The n	ame and complete stre	et address of the reg	stered agent:	
Bran	randon Larson 1690 E. Idaho Blvd.,		Blvd., Emmett, ID 83617	
(Name)	(Street Address)		
4. The n	any:	east one member or	manager of the limited liability	
Bran	Name don Larson	1690 E Idabo	Address 1690 E. Idaho Blvd., Emmett, ID 83617	
	g address for future cor			
	E. Idaho Blvd., Emmett, ID	•	rreport nouces).	
6. Future	e effective date of filing	(optional):		
Signature person.	of a manager, memi	per or authorized		
	Z/		Secretary of State use only	
Signaturé		a 9911 97111		
Typed N á	me: Drailoon Laison (20	1-421-621	IDAHO SECRETARY OF ST	
Signature			01/08/2015 05: CK:2266 CT:304925 BH:	
-	yped Name:		10 100.00 = 100.00 ORG	

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