

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAY -1 PM 2:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Custom Velo Tours, LLC

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

2004 North 9th Street Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Cynthia Gibson

(Name)

2004 North 9th Street Boise, ID 83702

(Street Address)

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

NameCynthia GibsonAddress2004 North 9th Street Boise, ID 83702

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

2004 North 9th Street Boise, ID 83702

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Cynthia GibsonTyped Name: Cynthia Gibson

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
05/01/2009 05:00
CK: 2333 CT: 232078 BH: 1168645
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