



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

12 JAN -6 AM 9:42

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Trail Canyon Inn LLC

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

3367 Trail Canyon Road, Soda Springs ID 83276  
(Street Address)

PO Box 693, Soda Springs, ID 83276  
(Mailing Address, if different than street address)

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

Sheri Davis  
(Name)

3367 Trail Canyon Rd Soda Springs  
(Street Address) ID 83276

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

Name	Address
<u>Sheri Davis</u>	<u>PO Box 693, Soda Springs, ID 83276</u>
<u>Sid Davis</u>	<u>PO Box 693, Soda Springs, ID 83276</u>
_____	_____
_____	_____
_____	_____

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

PO Box 693, Soda Springs, ID 83276

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

Signature of a manager, member or authorized person.

Signature Sheri Davis  
Typed Name: Sheri Davis

Signature Sid  
Typed Name: Sid Davis

Secretary of State use only

IDAHO SECRETARY OF STATE  
01/06/2012 05:00  
CR: 1357 CT: 265695 DR: 1304989  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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