

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

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1.	The name of the limited liability comp	pany is:	A 8: 24 A 8: 24 DAHO	
	Justamere Inn, LLC		7 2	
2.	The street address of the initial registered office is:			
	401 Gooding Street N., Suite 201 Twin Falls, ID 83301			
	and the name of the initial registered agent at the above address is:  John A. Coleman			
3.	The mailing address for future correspondence is:			
	PO Box 1293 Twin Falls, ID 83303-1293			
4.	Management of the limited liability company will be vested in:			
	Manager(s) ☐ or Member(s) ✓	(please check the appropriate box)		
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.			
	Name	Address		
	John A. Coleman	PO Box 1293 Twin Falls, ID 83303	-1293	
	Mark F. Holmstead	F. Holmstead PO Box 1293 Twin Falls, ID 83303-1293		
	Troy L. Mahlke PO Box 1293 Twin Falls, ID 83303-1293			
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6.	6. Signature of at least one person responsible for forming the limited liability company:			
	Signature: Slin A. Colomon	Secretary of State u	ISO ODIV	
	Typed Name: John A. Coleman	gg Systaty of State C	oo ong	
(	Capacity: Member	Secretary of State C	X454	
;	Signature	2002	!	
	Typed Name:	IDAHO SE OHARD   STATE   STATE	CRETARY OF STATE 2004 05:00	
	Capacity:		: 103315 BH: 760032 100.00 DRGAN LLC #	