



0003937153

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0003937153

Date Filed: 7/10/2020 11:34:21 AM

| Certificate of Organization Limited Liability Company                                                                                                                   |                                                                                                                                                              |      |         |             |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-------------|------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)                                                                                            | Standard (filing fee \$100)                                                                                                                                  |      |         |             |                                    |
| 1. Limited Liability Company Name                                                                                                                                       |                                                                                                                                                              |      |         |             |                                    |
| Type of Limited Liability Company                                                                                                                                       | Limited Liability Company                                                                                                                                    |      |         |             |                                    |
| Entity name                                                                                                                                                             | Yellowstone RV Adventures LLC                                                                                                                                |      |         |             |                                    |
| 2. The complete street address of the principal office is:                                                                                                              |                                                                                                                                                              |      |         |             |                                    |
| Principal Office Address                                                                                                                                                | 3854 ORRIN LANE<br>REXBURG, ID 83440-4930                                                                                                                    |      |         |             |                                    |
| 3. The mailing address of the principal office is:                                                                                                                      |                                                                                                                                                              |      |         |             |                                    |
| Mailing Address                                                                                                                                                         | 3854 ORRIN LN<br>REXBURG, ID 83440-3197                                                                                                                      |      |         |             |                                    |
| 4. Registered Agent Name and Address                                                                                                                                    |                                                                                                                                                              |      |         |             |                                    |
| Registered Agent                                                                                                                                                        | Registered Agent<br>Zachary Sutton<br>Physical Address:<br>3854 ORRIN LN<br>REXBURG, ID 83440<br>Mailing Address:<br>3854 ORRIN LN<br>REXBURG, ID 83440-3197 |      |         |             |                                    |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                            |                                                                                                                                                              |      |         |             |                                    |
| 5. Governors                                                                                                                                                            |                                                                                                                                                              |      |         |             |                                    |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Zach Sutton</td><td>3854 ORRIN LN<br/>REXBURG, ID 83440</td></tr></tbody></table> |                                                                                                                                                              | Name | Address | Zach Sutton | 3854 ORRIN LN<br>REXBURG, ID 83440 |
| Name                                                                                                                                                                    | Address                                                                                                                                                      |      |         |             |                                    |
| Zach Sutton                                                                                                                                                             | 3854 ORRIN LN<br>REXBURG, ID 83440                                                                                                                           |      |         |             |                                    |
| Signature of Organizer:                                                                                                                                                 |                                                                                                                                                              |      |         |             |                                    |
| <u>Zachary Sutton</u>                                                                                                                                                   | <u>07/10/2020</u>                                                                                                                                            |      |         |             |                                    |
| Sign Here                                                                                                                                                               | Date                                                                                                                                                         |      |         |             |                                    |

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