



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 SEP 23 AM 8:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Holiday Dream Team, LLC.

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

3210 E Chinden Blvd 115-303, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Kelli J. Hall

3210 E Chinden Blvd 115-303, Eagle, ID 83616

(Name)

(Street Address)

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

Name

Address

Kelli J. Hall

3210 E Chinden Blvd 115-303, Eagle, ID 83616

Cindy Thomas

3210 E Chinden Blvd 115-303, Eagle, 83616

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

3210 E Chinden Blvd 115-303, Eagle, ID 83616

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 Kelli J. Hall
Typed Name: Kelli J. Hall

Signature Cindy Thomas
Typed Name: Cindy Thomas

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
09/23/2008 05:00
CK: NO CK# CT: 229975 BH: 1137142
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