



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 SEP -5 AM 8:35

FILED EFFECTIVE

1. The name of the limited liability company is:

MIA, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

5315 E. Shoreline Drive, Post Falls, Idaho 83854

(Street Address)

(Mailing Address, if different than street address)

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

Constance M. Bischoff

(Name)

5315 E. Shoreline Drive, Post Falls, Idaho 83854

(Street Address)

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

Name

Address

Max Bischoff

5315 E. Shoreline Drive, Post Falls, Idaho 83854

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

5315 E. Shoreline Drive, Post Falls, Idaho 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Constance M. Bischoff

Typed Name: Constance M. Bischoff

Secretary of State use only

Signature

Max Bischoff

Typed Name: Max Bischoff

IDAHO SECRETARY OF STATE
09/05/2013 05:00
CK: 3076 CT: 287289 BH: 1388862
1 @ 100.00 = 100.00 ORGAN LLC # 2

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