

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 17 PM 2:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Raiken And Hawk Ventures LLC

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

810 N Henry Street Post Falls ID, 83854 suite #210

(Street Address)

(Mailing Address, if different than street address)

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

Cody Hawk Hising

(Name)

810 N Henry Street Post Falls ID, 83854 #210

(Street Address)

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

Name	Address
Cody Hawk <u>Hising</u>	810 N Henry Street Post Falls ID, 83854 <u>#210</u>
Steve Raiken	147 candlewood Dr. S. Windsor, CT
	06074

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

810 N Henry st #210 Post Falls ID 83854

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Steve RaikenTyped Name: Steve RaikenSignature Cody Hawk HisingTyped Name: Cody Hawk Hising

Secretary of State use only

IDAHO SECRETARY OF STATE

02/17/2015 05:00

CK: 673 CT: 256686 BH: 1462097

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