

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

10 SEP 13 AM 8: 37

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

± 01	(Instructions on back of application)	OF STATE
. The na	ame of the limited liability company is:	SECRE BY OF STATE STATE OF IDAHO
	ADAMS ROAD P L, LLC	
	omplete street and mailing addresses of the initial de DAMS ROAD, PRIEST LAKE, IDAHO 83856	signated/principal office:
(Street	Address)	
(Mailing	Address, if different than street address)	

EILENE KAIN 64 ADAMS ROAD, PRIEST LAKE, ID 83856 (Name) (Street Address)

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

<u>Name</u>	Address	
PAUL & JANET BASTINE	806 S. RAYMOND ROAD, SPOKANE VLY,WA 99206	
ROBIN & SHERRI CARPER	8420 E WOODLAND PARK DR, SPOKANE, WA 99217	
THOMAS J. & ANNE K. WEITZ	6827 W. LAKESHORE DR., PRIEST LAKE, ID 83856	
KENNETH & JAUNA BASTINE	4028 S. RIDGEVIEW DR., SPOKANE VLY, WA 99206	
MICHAEL & EILENE KAIN	64 ADAMS ROAD, PRIEST LAKE, ID 83856	

5. Mailing address for future correspondence (annual report notices): 64 ADAMS ROAD, PRIEST LAKE, IDAHO 84856

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature / aux Typed Name: PAUL A. BASTINE

Signature____

Typed Name:

Secretary of State use only