

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 1: 35

TE E	(Instructions on bac	k of application)	STATE OF IDAHO
1.	The name of the limited liability co	ompany is:	STATE UP 10,040
	Shiv Shakti Hospitality, LLC		
2.	The complete street and mailing addresses of the initial designated office:		
	291 West Burn Side Avenue, Pocatello, ID 83202		
	(Street Address) 2303 North 4th Street, Coeur d' Alene, ID 83814		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Rakesh Patei	2303 North 4th St	reet, Coeur d' Alene, ID 83814
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	Rakesh Patel	2303 North 4th St	reet, Coeur d' Alene, ID 83814
	Nilam Patel	2303 North 4th Street, Coeur d' Alene, ID 83814	
5.	Mailing address for future correspondence (annual report notices):		
	2303 North 4th Street, Coeur d' Alene, ID 83814		
6.	6. Future effective date of filing (optional):		
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_	nature of a manager, member o son.	r authorized	
ρψ.	O 1 0		Secretary of State use only
Sig	nature (KM) C4EL		
Тур	ed Name: Rakesh Patel		
Sig	nature Kall		IDAHO SECRETARY OF STATE
Тур	ed Name: Nilam Patel		93/97/2912 95:99 CK: 391 CT: 267864 RH: 1314998

1 8 28.80 = 20.88 EXPEDITE C # 3

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