

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

**APR 29 AM 1:8:43**
**SECRETARY OF STATE  
STATE OF IDAHO**

(Instructions on back of application)

1. The name of the limited liability company is:

White Knight LLC

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

409 East David Thompson Road

(Street Address)

Box 213 Hope ID. 83836

(Mailing Address, if different than street address)

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

Chris Popov

(Name)

409 East David Thompson Road, Hope ID 83836

(Street Address)

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

**Name**
**Address**
Chris Popov
409 E David Thompson Rd, Hope, ID 83836

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

Box 213, Hope Idaho 83836

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

 Typed Name: Chris Popov

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**04/29/2015 05:00**
**CK:276 CT:228201 BH:1473222**
**1@ 100.00 = 100.00 ORGAN LLC #2**

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