



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 AUG 17 AM 9:21
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

K & S Scammell LLC.

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

515 South Idaho Street Post Falls, Idaho 83854

(Street Address)

(Mailing Address, if different than street address)

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

Sally Scammell

(Name)

515 South Idaho Street 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

Kirk Scammell

515 South Idaho Street, Post Falls, Idaho 83854

Sally Scammell

515 South Idaho Street, Post Falls, Idaho 83854

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

515 South Idaho Street, Post Falls, Idaho 83854

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

Signature of a manager, member or authorized person.

Signature *Kirk Scammell*

Typed Name: Kirk Scammell

Signature *Sally Scammell*

Typed Name: Sally Scammell

Secretary of State use only

IDAHO SECRETARY OF STATE
08/17/2012 05:00
CK: 12370 CT: 273384 BH: 1336300
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W116489