

Typed Name: __

MICHELE WILLIAMS

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 08 NOV -7 AM 8:31

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

he name of th	he limited liability	company is:		SIAIL
		TELLA PROPERT	rieg II c	•
The complete s				esignated/principal office:
The complete s	1	CE LOOP, POST		·
(Street Address)		··· · ··		
(Mailing Address, If o	6134 SOUTH different than street addres	ZUNI DRIVE, SP	OKANE, W	A 99206
	complete street a		egistered a	agent:
				•
CURTIS WILLIAMS (Name)			6215 COMMERCE LOOP, POST FALLS, ID 83854 (Street Address)	
• -,	: :	(Outer Addies	10)	
ompany:	Name		3	er of the limited liability Address
MICHELE WILLIAMS		6134 SOI	6134 SOUTH ZUNI DRIVE, SPOKANE, WA 99206	
CURT	IS WILLIAMS	6134 SQL	JTH ZUNI D	RIVE, SPOKANE, WA 99260
		,		
	: :			
∕lailing address	for future corresp	nondence (ann	ual report	notices):
	6134 SOUTH	† ≥ one or d∨E; Sh	CONTRACTOR	Tiouces).
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n behalf of a me	zer(s). (An organizer ember or members). A	is a member, or is	;	
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d Name:	CURTIS WILLIA	MS	art org	
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d Name:		uans	SALIC Med 07/	CK: 6418 CT: 150214 BH 1 B 100.00 = 100.00 OR
ivallie.	MICHELE WILLIA	AMS	! € ₹	TPD:00 UK

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