



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR 19 PM 1:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

APS Northwest Idaho LLC

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

1616 E Seltice Way, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Clint Paulsen

(Name)

5510 E. Marina Ct., Post Falls, ID 83854

(Street Address)

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

Name

Address

Clint Paulsen

5510 E Marina Ct., Post Falls, ID 83854

Travis Smith

23921 E 1st Ave., Liberty Lake, WA 99019

Randy Paul Allen

11602 N W Newman Lake Dr., Newman Lk, WA 99025

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

1616 W Seltice Way, Post Falls, ID 83854

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature [Signature]

Typed Name: _____ Travis Smith

Signature _____

Typed Name: _____

Secretary of State use only

W 82399

IDAHO SECRETARY OF STATE
03/19/2009 05:00
CR: 1221 CT: 235292 IN: 1168123
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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