

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability co	mpany is:	2010 MAR 17 AM 10=21
	AMP Harbor, LLC	SECRETARY OF STATE
2. The complete street and mailing ac	ddresses of the initia	al designated/principal office:
	Ridge Dr., Post Falls, Id	daho 83854
(Street Address)	same	
(Mailing Address, if different than street address)		
3. The name and complete street add	tress of the registere	ed agent:
The Grupp Law Firm, PLLC (Name)	842 W. Kathlee (Street Address)	n Ave., Coeur d'Alene, ID 83815
The name and address of at least company:	one member or man	
Name	Address	
Mark R. Ferris	16/85 VV. Deer N	tidge Dr., Post Falls, Idaho 83854
	<del></del>	
5. Mailing address for future correspondent		
842 W. Kathle	een Ave., Coeur d'Alene	, ID 83815
6. Future effective date of filing (option	onal):	
Signature of organizer(s). (An organizer is	a member, or is	
acting in behalf of a member or members).		Secretary of State use only
Signature	Mary Na	
Typed Name: Matthew P. Grupp, Es	squire 🧲	
•	formsk 72008	
Signature	Office Des	IDAHO SECRETARY OF STATE
Typed Name:	Corplormed LC forms/cert, org. It. PME Revised 07/2008	93/17/2010 95:00 CK: 403683 CT: 172099 BH: 1213298
	9	1 0 190.00 = 180.00 OROAN LLC 8 4 1 0 20.00 = 20.00 EXPEDITE C 8 5