



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 AUG -8 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

606 MAIN Street LLC

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

615 MAIN Street CAWELL ID 83605

(Street Address)

(Mailing Address, if different than street address)

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

JOSEPH Lombardi

(Name)

615 MAIN St CAWELL ID

(Street Address)

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

JOSEPH Lombardi

Name

615 MAIN St CAWELL ID 83605

Address

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

615 MAIN St CAWELL ID 83605

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

JOSEPH Lombardi

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
08/08/2013 05:00
CK: 2070 CT: 194344 BH: 1385342
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