



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

(Instructions on back of application)

12 MAY 29 AM 9:04

1. The name of the limited liability company is:

Larson Group, LLC

SECRETARY OF STATE  
STATE OF IDAHO

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

3335 North Avenue West., Missoula, Montana 59804

(Street Address)

(Mailing Address, if different than street address)

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

Ashley M. Handel

(Name)

5107 North Pine Cone Dr., Coeur d'Alene, ID 83815

(Street Address)

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

**Name**

**Address**

Lois Larson

3335 North Avenue West, Missoula, MT 59804

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

3335 North Avenue West, Missoula, MT 59804

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Lois Larson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/29/2012 05:00  
CK: 99280 CT: 133923 BH: 1325801  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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