

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN 31 AM 10:26

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

SMN DISTRIBUTORS, LLC

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

1134 GROUSE CREEK CUTOFF, SANDPOINT, ID 83864

(Street Address)

PO BOX 876, PONDERAY, ID 83852

(Mailing Address, if different than street address)

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

SANDRA M. NELSON

(Name)

1134 Grouse Creek Cutoff, Sandpoint, ID 83864

(Street Address)

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

Name

Address

SANDRA M. NELSON

PO BOX 876, PONDERAY, ID 83852

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

PO BOX 876, PONDERAY, ID 83852

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: WENDY BYFORD

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/31/2013 05:00
CX: 1270503 CT: 172099 BH: 1358181
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