



CERTIFICATE OF ORGANIZATION **LIMITED LIABILITY COMPANY**

(Instructions on back of application)

09 APR - 1 AM 8:35

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

1616 E. SELTICE WAY, LLC

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

1000 NORTHWEST BLVD, COEUR D'ALENE, ID 83814

(Street Address)

(Mailing Address, if different than street address)

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

DONALD R. SMOCK

(Name)

1000 NORTHWEST BLVD., CDA, ID 83814

(Street Address)

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

Name

Address

DONALD R. SMOCK

1000 NORTHWEST BLVD., CDA, ID 83814

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

1000 NORTHWEST BLVD., CDA, ID 83814

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).

Secretary of State use only

Signature _____

Typed Name: DONALD R. SMOCK

Signature _____

Typed Name: _____

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Revised 07/2008

IDAHO SECRETARY OF STATE
 04/01/2009 05:00
 CK: 9048 CT: 100325 DN: 1163949
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