

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

LIMITED LIABILITY	I I COMPANY
(Instructions on back	of application)
1. The name of the limited liability con	VIAIT DE IN STATE
M+W Indu	
•	dresses of the initial designated/principal office:
(Street Address)	e Sandpoint ID 83864
(Mailing Address, if different than street address)	
3. The name and complete street addr	ress of the registered agent:
Earl F. Mills (Name)	819 N. Division Ave Sandpoint, (Street Address) ID 83864
The name and address of at least o company:	ne member or manager of the limited liability
Name	Address
George W. Wright	226 Carr Creek Rd Sandpoint ID 83864
Earl F. Mills	819 N. Division Ave Sandpoint, ID 83844
5. Mailing address for future corresponding N. Division Ave	Sandpoint, ID 83864
6. Future effective date of filing (option	at):
Signature of a manager, member or person.	authorized
Signature 200 Clay	Secretary of State use only
Typed Name: GROCSE WE	2 Sit

Signature Cast 7. Mills
Typed Name: Earl 7. Mills

IDAHO SECRETARY OF STATE
11/09/2011 05:00
CK: 588698 CT: 264828 BH: 1297492
1 0 180.08 = 100.00 ORGAN LLC # 2