



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application) 2013 OCT -2 AM 9:00

1. The name of the limited liability company is:

North Idaho Fire Service LLC

SECRETARY OF STATE
STATE OF IDAHO

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

604 Main St - PO Box 305
(Street Address)

Deary ID 83823
(Mailing Address, if different than street address)

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

Gabe Guier
(Name)

604 Main St Deary ID 83823
(Street Address)

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

Name	Address
<u>Gabe Guier</u>	<u>604 Main St Deary ID 83823</u>
_____	_____
_____	_____
_____	_____

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

PO Box 305 Deary ID 83823

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

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]
Typed Name: Gabe Guier

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/02/2013 05:00
CK: 205 CT: 200165 BH: 1392425
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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