

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV -5 AM 69 36

1.	The name of the limited liability company is: Strategic Business Management LLC		SECRETARY OF STATE OF IDA
2.	The complete street and mailing addresses of the initial designated office: 469 S First St, Priest River, ID 83856		
	P(Street Address) PO'Box 6, Priest River, ID 83856		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Lynne Emery	469 S First St, Priest River, ID 83856	
	(Name)	(Street Address)	
The name and address of at least one member or manager of the limited liability company:      Name     Address			
	Lynne Emery PO Box 6, Priest River, ID 8		
			·
5. Mailing address for future correspondence (annual report notices):			
PO Box 6, Priest River, ID 83856			
6. Future effective date of filing (optional):			
Sign	nature of a manager, member or son.	authorized	
· 		Secretary of State us	e only
_	nature/) 22 Zm	7	
ιyp	ed Name: <sub>Lynne Emery</sub>		
Signature			
Typed Name: 11/05/2012 05:0  CK: 213824 CT: 275923 BH: 1340			
		1 0 100.00 = 1	00.00 ORGAN LLC # 2

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