251

FILED EFFECTIVE



Signature _____
Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 JUL 10 AM 9: 20

(Instructions on back of application)

	SECRETARY OF STATE
 The name of the limited liability of 	company is: STATE OF IDAHO
Fiscal Pursuits, LLC	
The complete street address, and principal office:	mailing address if different, of the initial designated/
660 SJ Lochsa Street, Post F	Falls, Idaho 83854
The name of the commercial regis address of the non-commercial re	stered agent; or the name and complete street egistered agent:
Denny Davis, 608 Northwes	st Boulevard, Ste 401, Coeur d'Alene, ID:8381
The name and address of at least company:	t one member or manager of the limited liability
Name	Address
CJ Buck	660 S. Lochsa Street
	Post Falls, ID 83854
-	
Mailing address for future correspondent	ondence (annual report notices):
608 Northwest Rouleyard,	Ste 401, Coeur d'Alene, ID 83814
6. Future effective date of filing (option	onal):
Sigπature of an organizer(s). (An organiz	zer is a member
or is acting in behalf of a required, and existing	
or members).	Secretary of State use only
Signature Muchael F. Yun	notet
Typed Name: Michael F Nienst	edt

IDAHO SECRETARY OF STATE

07/10/2608 05:00

CK: MONE CT: 24405 BH: 1126408

1 0 100.00 = 100.00 ORGAN LLC # 2

1 0 28.00 = 26.00 EXPEDITE C # 3

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