FILED EFFECTIVE



Signature:__

Rev. 11/2015

Printed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in <u>duplicate</u>.

2017 JUN 30 PH 2: 35

SECRETARY OF STATE

10 20.00 = 20.00 EXPEDITE C #3

W185179

| | | | Dailo | |
|--|---|--|--|--|
| 1. | The name of the limited liability company is: | | | |
| | Sandpoint Taxi LLC | | | |
| | (Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC) | | | |
| 2. | | | | |
| 2. | The complete street and mailing addresses of the principal office is: 698-Lakeshore Dr. Sagle Id 83860 | | | |
| | (Street Address) | 10 03000 | | |
| | , | | • | |
| | (Mailing Address, if different) | | | |
| 3. | The name of the registered agent and street address of the registered agent: | | | |
| | Ron Knapp | 698-Lakeshore Dr. Sagle Id. 83860 | | |
| | (Name) | | (Address cannot be a post office box or postal mail box) | |
| | | the same and bost auto out of bosts that box | | |
| 4. | The name and address of at least one governor of the limited liability company: | | | |
| | Ron Knapp | | 698- Lakeshore Dr. Sagle Id 83860 | |
| | (Name) | (Address) | | |
| | | | | |
| | (Name) | (Address) | | |
| | | | | |
| | (Name) | (Address) | | |
| | | (100:55) | | |
| | (Name) | | | |
| | (realine) | (Address) | | |
| 5. | Mailing address for future correspondence (annual report notices): | | | |
| | 698- Lakeshore Dr. Sagle Id 83860 | | | |
| | (Address) | | | |
| | | | | |
| Sig | nature of organizer(s). | 1 / | | |
| Signature: Long la | | | Secretary of State use only | |
| | | | 10AHO SECRETARY OF STATE 06/30/2017 05:00 | |
| Prin | ited Name: Ron Knapp | | CX:13810966 CT:172099 BH:1591671 | |
| | | | 10 100.00 = 100.00 DRGAN LLC #2 | |