## FILED EFFECTIVE



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

2012 DEC 11 PM 2

CK C US	(Instructions on	back of application)	, 12 02 0 1 1	PH 2: 11
1. The nam	ne of the limited liabilit	ty company is:	SECRETARY STATE OF	OF STATE
	amily LLC	,,,	THE UP	INAH0
2. The com	plete street and mailir	ng addresses of the initial	designated office:	
4407 Re		Coeur D' Alene	ID	83815
(Street Add				-
(Mailing Ad	dress, if different than street add	iress)		
3. The nam	ne name and complete street address of the registered agent:			
Steve Br	uner	4407 Redding	Coeur D' Alene	, ID 83815
(Name)	·	(Street Address)	***************************************	
Steve Br		4407 Redding	Address Coeur D' Alene ID	83815
Marty Br	uner	4407 Redding Road	Coeur D' Alene ID	83815
		espondence (annual repor	t notices):	
4407 Rec	lding	_ Coeur D' Alene	ID	_83815
6. Future et	fective date of filing (o	optional):		
	f a manager, membe	er or authorized		
erson.	1 100		Secretary of State use	only
Signature	Harle			•
yped Name	yoochul chong			
Signature				
Typed Name			TRAUM CECOET	ARY OF STATE
			12/11/20	12 05:

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CK: 1220632 CT: 172099 BH: 1350938 1 9 100.00 = 100.00 ORGAN LLC # 2