



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 duplicate.

FILED EFFECTIVE

2015 SEP 30 AM 8:26

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Shoemaker CPR LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., Ltd., or LLC.)

2. The complete street and mailing addresses of the principal office is:

5722 Adams Road, New Plymouth, Idaho 83655

(Street Address)

(Mailing Address, if different)

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

Kathryn Shoemaker

5722 Adams Road, New Plymouth, Idaho 83655

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Kathryn Shoemaker

5722 Adams Road, New Plymouth, Idaho 83655

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

5722 Adams Road, New Plymouth, Idaho 83655

(Address)

Signature of organizer(s).

Printed Name: **Kathryn Shoemaker**

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/30/2015 05:00

CK:1234 CT:315140 BH:1494345

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