

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 AUG -3 AM 8: 58

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDALLO

201 S Hemlock Ct., Post Falls, ID 83854 (Street Address) (Mailing Address. if different than street address) The name and complete street address of the registered agent: Aaron J. Armstrong 201 S Hemlock Ct., Post Falls, ID 83854 (Street Address) The name and address of at least one member or manager of the limited liability company: Name Address Aaron J. Armstrong 201 S Hemlock Ct., Post Falls, ID 83854 Kathleen J. Armstrong 201 S Hemlock Ct., Post Falls, ID 83854 Kathleen J. Avery 12118 E 37th Ct., Spokane WA 99206 Mailing address for future correspondence (annual report notices): 201 S Hemlock Ct., Post Falls, ID 83854 Future effective date of filing (optional): Secretary of State use only 10A/O3 ERCRETARY OF STATE OF STA	THE COMPLETE SUCCE AND MAIN	ng addresses of the initial designated office:
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