



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

**FILED EFFECTIVE**  
10 JAN -8 AM 8:21

SECRETARY OF STATE  
STATE OF IDAHO

- 1. The name of the limited liability company is:**

**Sequels, LLC**

- 2. The complete street and mailing addresses of the initial designated/principal office:**

**6389 Kootenai Street, Bonners Ferry, ID 83805**

**(Street Address)**

**PO Box 758, Bonners Ferry, ID 83805**

(Mailing Address, if different than street address)

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

**Donna L. Huddleston**

(Name)

**6389 Kootenai Street, Bonners Ferry, ID 83805**

**(Street Address)**

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Donna L. Huddleston**

### Address

**191 Bloom Hill Road, Bonners Ferry, ID 83805**

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

**Donna L. Huddleston, PO Box 758, Bonners Ferry, ID 83805**

6. Future effective date of filing (optional): \_\_\_\_\_

**Signature of organizer(s).** (An organizer is a member, or is acting in behalf of a member or members).

**Signature**

**Typed Name:**

**Donna L. Huddleston**

**Signature**

**Typed Name:**

**Secretary of State use only**

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 01/08/2010 05:00  
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Revised 07/2008