

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

10 JAN -8 AM 8:21

SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

 The name of the limited liability 	company is:	SIAIL OF	
	Sequels, LLC		
. The complete street and mailin	g addresses of the i	nitial designated/principal office:	
6389 Koo	otenai Street, Bonners F	erry, ID 83805	
(Street Address)	3ox 758, Bonners Ferry,	ID 93905	
(Mailing Address, if different than street addr		10 03003	
. The name and complete street	•	stered agent:	
. The hame and complete dates.	address of the regio		
Donna L. Huddleston	6389 Koote	6389 Kootenal Street, Bonners Ferry, ID 83805	
(Name)	(Street Address)	(Street Address)	
week a survival to the control of the first	4	and a second sec	
 The name and address of at leacempany: 	ast one member or r	nanager of the limited liability	
Name		Address	
Donna L. Huddleston	191 Bloom	191 Bloom Hill Road, Bonners Ferry, ID 83805	
 Mailing address for future corre 	spondence (annual	report notices):	
Donna L. Huddi	eston, PO Box 758, Bon	ners Ferry, ID 83805	
3. Future effective date of filing (o	otional):		
. I didie oncolive date of ming to	Paritaly		
ignature of organizer(s). (An organiz			
cting in behalf of a member or members)	·	Secretary of State use only	
0 21/10	1 7	secretary or craim man out.	
ignature <i>Norma T. Hudd</i>	estar 3	10010	
yped Name: Donna L. Hudd	lleston E	W 89619	
	log and a second	IDAHO SECRETARY OF STATE	
ignature	dieston Edward Commission (Commission Commission Commis	81/98/2919 95:	
vped Name:		LRI 3016 CT: 243676 RM: 1202 1 9 189-00 = 189-08 ORGAN II	
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