



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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## FILED EFFECTIVE

(Instructions on back of application)

2014 MAY 21 AM 8:50

1. The name of the limited liability company is:

Northwest Assessment Services, LLC.

SECRETARY OF STATE

2. The complete street and mailing addresses of the initial designated office:

710 1<sup>st</sup> Avenue, Deary ID 83823

(Street Address)

PO Box 335, Deary, ID 83823

(Mailing Address, if different than street address)

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

Alane F. Watkins  
(Name)

710 1<sup>st</sup> Ave, Deary ID 83823  
(Street Address)

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

Name	Address
<u>Alane F. Watkins</u>	<u>PO Box 335, Deary ID 83823</u>
_____	_____
_____	_____
_____	_____

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

PO Box 335, Deary ID 83823

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

Signature of a manager member or authorized person.

Signature Alane F. Watkins

Typed Name: Alane F. Watkins

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/21/2014 05:00

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