

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 APR 14 AM 8: 13

(Instructions on back of application)

The complete street and mail:	ing addresses of the initial designated office:
510 E 23rd Ave Post Falls, ID 838	ing addresses of the initial designated office:
(Street Address)	
(Mailing Address, if different than street ad	Hdress)
_	et address of the registered agent:
The hame and complete street	ct address of the registered agent.
Kyle Leavitt	510 E 23rd Ave Post Falls Ave 83854
(Name)	(Street Address)
The manner and address of all	
company:	least one member or manager of the limited liability
Name	<u>Address</u>
Kyle Leavitt	510 e 23rd Ave Post Falls, ID 84854
Patrick Leavitt	501 E 16th Ave Post falls, ID 83854
Mailing address for future con	respondence (annual report notices):
· ·	respondence (annual report notices):
Mailing address for future core 510 e 23rd Ave Post Falls, ID 838	, , , , , , , , , , , , , , , , , , , ,
510 e 23rd Ave Post Falls, ID 838	54
510 e 23rd Ave Post Falls, ID 838	54
510 e 23rd Ave Post Falls, ID 838 Future effective date of filing ((optional):
510 e 23rd Ave Post Falls, ID 838 Future effective date of filing ((optional):
510 e 23rd Ave Post Falls, ID 838 Future effective date of filing (gnature of a manager, membreson.	(optional): Der or authorized Secretary of State use only
510 e 23rd Ave Post Falls, ID 838 Future effective date of filing (gnature of a manager, membreson.	(optional):
•	(optional): Der or authorized Secretary of State use only IDAHO SECRETARY OF STATE

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