

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 APR 29 AM 8: 27

(Instructions on back of application)

SECRETARY OF STATE

	pany is: STATE OF IDAHO
·	ture Streams, LLC
•	resses of the initial designated/principal office:
(Street Address)	lyden, ID 83835
(Mailing Address, if different than street address)	
3. The name and complete street addres	ss of the registered agent:
Fawnia R. Farrar	11332 N. Cutlass St., Hayden, ID 83835
(Name)	(Street Address)
I. The name and address of at least one company:	e member or manager of the limited liability
Name	Address
Fawnia R. Farrar	11332 N. Cutlass St., Hayden, ID 83835
John S. Wilson	PO Box 4821/ , Seattle, WA 98148
	ter.
	lence (annual report notices): tlass St., Hayden, ID 83835
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