Signature:

Printed Name: ______

Rev. 11/2015



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 JAN -5 PM 2: 10

SECRETARY OF STATE STATE OF IDAHO

The complete street and mail 109 N Third Ave; Sandpoint,	ling addresses of the principal office is: ID 83864
(Street Address)	
PO Box 1504; Sandpoint, ID [Mailing Address, if different)	03004
The name of the registered o	gent and street address of the registered agent:
Aimee Kae Argabrite	109 N Third Ave; Sandpoint, ID 83864
Name)	(Address cannot be a post office box or postal mail box)
	• •
The name and address of at I	east one governor of the limited liability company:
Almee Kae Argabrite	109 N Third Ave; Sandpoint, ID 83864
Name)	(Address)
Name)	(Address)
-	(riddiess)
	•
Name)	(Address)
Vame)	(Address)
	respondence (annual report notices):
Mailing address for future con	
Mailing address for future com PO Box 1504; Sandpoint, ID	83864
-	83864

CK: 16089194 CT: 172099 BH: 1619774 16 100.00 = 100.00 ORGAN LLC #2

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