

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUL -9 AM 8: 23

(Instructions on back of application)

SECRETARY OF STATE

	OTATE OF IDALIO
I. The name of the limited liability com	state of IDAHO
•	ELLFLOWER, LLC
2. The complete street and mailing add	Iresses of the initial designated/principal office:
•	RTA RD, IONE, WA 99139
(Street Address)	V 944 JONET IMA 00120
(Mailing Address, if different than street address)	X 844, IONE, WA 99139
s. The name and complete street addre	ess of the registered agent:
KRAIG KINCHELOE, D&M MGMT	1208 N IDAHO ST, POST FALLS, ID, 83854
(Name)	(Street Address)
. The name and address of at least on company:	ne member or manager of the limited liability
<u>Name</u>	<u>Address</u>
FREDRICK J. WENZ	PO BOX 844, IONE, WA 99139
CAROL J. WENZ	PO BOX 844, IONE, WA 99139
Mailing address for future correspond	dence (annual report notices):
	K 844, IONE, WA 99139
6. Future effective date of filing (optional	al):
ignature of organizer(s). (An organizer is a r	member, or is
cting in behalf of a member or members).	
	Secretary of State use only
gnature FREDRICK J. WENZ	
yped Name: FREDRICK J. WENZ	8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
ignature Caul J W	IDAHO SECRETARY OF STAT OF STATE O
yped Name: CAROL J. WENZ	Ø7/Ø9/2010 Ø5: E Ck: 1670 CT: 249530 BH: 18
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