

Printed Name:

Signature:

Rev. 01/2018

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

2018 JUN -1 AM 9: 10

SECRETARY OF STATE

| The complete street and mailing addresses of the principal office is: 307 19TH ST SUITE A#4 LEWISTON, ID 83501 (Street Address) (Mailing Address, if different) The name and complete street address of the registered agent: RYAN BARNETT, CPA 307 19TH ST SUITE A#4 LEWISTON, I (Name) (Address) (Address) (Name) (Address) | |
|---|--------------|
| (Mailing Address, if different) The name and complete street address of the registered agent: RYAN BARNETT, CPA 307 19TH ST SUITE A#4 LEWISTON, I (Name) (Address) The name and address of at least one governor of the limited liability company: GARY LONGFELLOW 307 19TH ST SUITE A#4 LEWISTON, (Name) (Address) (Address) | |
| (Mailing Address, if different) The name and complete street address of the registered agent: RYAN BARNETT, CPA 307 19TH ST SUITE A#4 LEWISTON, I (Name) (Address) The name and address of at least one governor of the limited liability company: GARY LONGFELLOW 307 19TH ST SUITE A#4 LEWISTON, (Name) (Address) (Address) | |
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| (Name) (Address) | <u> </u> |
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| Mailing address for future correspondence (annual report notices): | |
| 307 19TH ST SUITE A#4 LEWISTON, ID 83501 | |
| (Address) | |
| ture of organizer(s). | |
| d Name: GARY LONGFELLOW Secretary of Sta | ite use only |
| su name. | |

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