

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAY -8 AM 8: 17

The complete street an				rincipal office:	
	330 N. First Ave.,	Sandpoint, Idaho	83864		
(Street Address)	Sa	me above			
(Mailing Address, if different than	street address)				_
The name and complet	e street address	of the registere	d agent:		
Tom A. Guscot	t	330 N. First A	ve., Sandpoint, l	daho 83864	_
(Name)	(Str	reet Address)			
The name and address company:	of at least one m	nember or man	ager of the lim	ited liability	
John S. Pife	r	1411 Northshor	e, Dr. Sandpoint	, Idaho 83864	
Tom A. Guscott		507 S. Lincoln Ave., Sandpoint, Idaho 83864			
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				•	<u>.</u>
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Mailing address for futu	ire corresponden	ce (annual repo	ort notices):		
	330 N. First Ave.,	Sandpoint, Idaho	83864		,
	-		***	,	7.,,
Future effective date of	filing (optional):				
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ature of organizer(s). (A	=	ber, or is			
g in behalf of a member or a	nembers). N		Secretary of	State use only	
ature		Long Ic. PMD			,
	ofin S. Pifer	r or			
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