

251



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN -5 PM 12: 58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ETEK, LLC

2. The complete street and mailing addresses of the initial designated office:

1164 N Syringa St.

(Street Address)

Post Falls, ID 83854

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Michael A. Everett

(Name)

1164 N Syringa St. Post Falls, ID 83854

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

NameAddress

Michael A. Everett

1164 N Syringa St. Post Falls, ID 83854

5. Mailing address for future correspondence (annual report notices):

1164 N Syringa St. Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Michael A. Everett

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/05/2015 05:00

CK:2907560 CT:172099 BH:1478613

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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