





## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004091833

Date Filed: 12/7/2020 7:52:55 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Sarne Day Service (see	Standard (filling fee \$100)
descriptions below)	Sizaridard (samiglice \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	SOMATIC TRIBE LLC
2. The complete street address of the principal office is:	
Principal Office Address	ROBERT CARRIKER
	2340 N GRACIE WAY IDAHO
	POST FALLS, ID 83854
3. The mailing address of the principal office is:	
Mailing Address	ROBERT CARRIKER
_	2340 N GRACIE WAY
	POST FALLS, ID 83854-9071
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	ROBERT E CARRIKER Physical Address:
	2340 N GRACIE WAY
	POST FALLS, ID 83854
	Mailing Address:
	2340 N GRACIE WAY
	POST FALLS, ID 83854-9071
I affirm that the registered agent appointed has consented	to serve as registered agent for this entity.
5. Governors	
Name	Address
ROBERT E CARRIKER	ROBERT CARRIKER
	2340 N GRACIE WAY
	IDAHO
	POST FALLS, ID 83854
Signature of Organization 1997	
Signature of Organizati	1/18/2521
Signature of Organization	1/18/2321 Date
PAN	

Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.

This filing form (submit within 30 days) with the required signature(s).

If you are submitting a correction, return the correction letter with your updated document.