

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

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The name of the limited liability cor	mpany is: STATE OF IDAHO
Backwood	ds Christmas Company, LLC
The complete street and mailing ad	Idresses of the initial designated/principal office:
203 W 11	Ith Ave. Post Falls, ID 83854
(Street Address) P.O. Box	x 2703 Post Falls, ID 83877
(Mailing Address, if different than street address)	
The name and complete street add	ress of the registered agent:
Christopher R. Macklin	293-W-11th Ave: Post Falls; 10-65804
(Name)	(Street Address)
The name and address of at least of company:	one member or manager of the limited liability  Address
Karen L. Macklin	203 W 11th Ave. Post Falls, ID 83854
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Mailing address for future correspon	ndence (annual report notices):
P.O. Box	x 2703 Post Falls ID, 83877
Future effective date of filing (option	nai):
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nature of organizer(s). (An organizer is a g in behalf of a member or members).	a memper, or is
	Secretary of State use only
nature [ [ Lustiget K ] ] d	ich :
ed Name: Christopher R. Mack	din   100
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ed Name:	02/06/2009 05

