



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
08/07/2009 AM 3:45
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

204 N. 2ND ST, LLC

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

1000 NORTHWEST BLVD, COEUR D'ALENE, ID 83814

(Street Address)

(Mailing Address, if different than street address)

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

DONALD R. SMOCK

1000 NORTHWEST BLVD., CDA, ID 83814

(Name)

(Street Address)

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

Name

DONALD R. SMOCK

Address

1000 NORTHWEST BLVD., CDA, ID 83814

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

1000 Northwest Blvd CDA ID 83814

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Donald Smock
Typed Name: DONALD R. SMOCK

Signature _____
Typed Name: _____

Form LCLC form 5000-000-000
Revised 07/2008

Secretary of State use only

IDANO SECRETARY OF STATE
02/06/2009 05:00
CX: 8977 CT: 168325 BH: 1155846
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