



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

CREATED - 6 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

Address

DONALD R. SMOCK

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 R. Smock

Typed Name: DONALD R. SMOCK

Signature _____

Typed Name: _____

Secretary of State use only

g:\temp\forms\LLC form\secret_001_01.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
02/06/2009 05:00
CK: 8977 CT: 188325 BH: 1155846
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