	·····	FILED EFFECT
CERTIFICATE OF O	RGANIZATION	
	YCOWPANY	09 DEC 10 AM 8
(Instructions on back	of application)	SECRETARY OF S
I. The name of the limited liability com	nany is:	STATE OF IDAH
ABCD Dayca	· · /	
	· · · ·	
2. The complete street and mailing add	-	
(Street Address)	reen, Post Falls, Idaho 83854	
(Mailing Address, if different than street address)		4
<ol><li>The name and complete street address</li></ol>	ess of the registered ager	11:
Chris Bjurstrom	4095 E. Evergreen, Po	ost Falls, Idaho 83854
(Name)	(Street Address)	
4. The name and address of at least or	ne member or manager of	f the limited liability
company: <u>Name</u>	۵dd	1938
Andy Bjurstrom	4095 E. Evergreen, Po	
Chris Bjurstrom	4095 E. Evergreen, Po	
		St Pais, Idano 6300-
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5. Mailing address for future correspond	· ·	
-	dence (annual report noti green, Post Falls, Idaho 83854	
4095 E. Everg	reen, Post Falls, Idaho 83854	
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4095 E. Everg	green, Post Falls, Idaho 83854 al): member, or is	
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4095 E. Everg 5. Future effective date of filing (optional ignature of organizer(s). (An organizer is a cting in behalf of a member or members). ignature <u>X</u> Andy Bjurstrom ignature <u>X</u> Chub	al): member, or is	
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4095 E. Everg 5. Future effective date of filing (optional ignature of organizer(s). (An organizer is a cting in behalf of a member or members). ignature <u>X</u> Andy Bjurstrom ignature <u>X</u> Chub	al): member, or is	

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