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**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Pathway AV integration LLC

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

3525 N. Ping Rd

(Street Address)

Post Falls, ID 83854

(Mailing Address, if different than street address)

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

Mark Mountaintes

(Name)

3525 N. Ping Rd, Post Falls, ID 83854

(Street Address)

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

**Name**

**Address**

Mark Mountaintes

3525 N. Ping Rd, Post Falls, ID 83854

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

3525 N. Ping Rd, Post Falls, ID 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Mark Mountaintes

Typed Name:

Mark Mountaintes

Secretary of State use only

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

IDAHO SECRETARY OF STATE

07/24/2014 05:00

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