



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 OCT 27 PM 1:33

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

CSL Enterprises LLC.

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

5112 E. OWENS TOWN, ID 83427

(Street Address)

PO Box 185 Town, ID 83427

(Mailing Address, if different than street address)

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

Clifford Scott Long 5112 E. OWENS  
Town, ID 83427

(Name)

(Street Address)

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

Name	Address
<u>Clifford Scott Long</u>	<u>P.O. Box 185</u>
	<u>Town, ID 83427</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

PO Box 185 Town, ID 83427

6. Future effective date of filing (optional):

n/a

Signature of a manager, member or authorized person.

Signature

Typed Name:

Clifford S. Long

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

10/27/2014 05:00

CK: 3422 CT: 178484 BH: 1446837

10 100.00 = 100.00 ORGAN LLC #2

W143740