

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) MAR -4 AM 9: 30

1. The name of the limited liability Mr Suds LLC	company is: SEGRES	CF 19.410
2. The complete street and mailing 6777 Main St Bonners Ferry ID 8380		designated office:
(Street Address) 6409 Main St Bonners Ferry ID 83805 (Mailing Address, if different than street addre		
3. The name and complete street a		agent:
James Tompkins	6409 Main St Bonners Ferry ID 83805	
4. The name and address of at lea company:	(Street Address) st one member or manaç	ger of the limited liability
<u>Name</u> Amanda Reed	Address 6409 Main St Bonners Ferry ID 83805	
5. Mailing address for future corres	•	t notices):
6409 Main ST Bonners Ferry ID 8380	05 	
6. Future effective date of filing (op	otional):	
Signature of a manager, member person.	or authorized	
Signature Typed Name James Tompkins		Secretary of State use only
Signature Manda Reed Typed Name: Amanda Reed	ed_	IDAHO SECRETARY OF STATE 13/04/2013 05:00 CK: 1025 CT: 288097 BH: 1362705 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

cert_org_lic Rev. 07/2010

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