

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY(255) 21 45 9:53

(Instructions on back of application)

4. The name of the limited liability serves	and in
1. The name of the limited liability compa	
2. The complete street and mailing addre	hooige LLC
(Street Address) J Claho , L	_ewiston , ID 83501
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
John Mitchell (Name)	(Street Address)
4. The name and address of at least one member or manager of the limited liability company:	
<u>Name</u>	Address
Ted Strohmaier	3413 meadowlenk on, Lewiston, ID 83501
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5. Mailing address for future corresponde	ence (annual report notices):
1230 Ideha, La	cwiston, ID 83501
6. Future effective date of filing (optional)	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature Led The homan	
Typed Name: Ten Strohmais	en
	IDAHO SECRETARY OF STATE
Signature	CK: 59855 CT: 4725 BH: 1311572
Typed Name:	T C 160' DO - 700' DO OURDU CTO M C