



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAY -4 AM 10:14  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

3 Strand Code, LLC

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

1915 N Foxglove Ln., Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Levi Thomason

(Name)

1915 N Foxglove Ln., 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

Levi Thomason

1915 N Foxglove Ln., Post Falls, ID 83854

Joshua Crawford

10628 N McCoy Rd., Newman Lake, WA 99025

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

1915 N Foxglove Ln., Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Levi Thomason

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/04/2015 05:00

CK:1068 CT:309832 BH:1473993

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