## FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 MAR 15 PM 12: 09

•	and the second s	SEURE JARY OF STATE	
1. The name of the limited liability of	ompany is:	STATE OF IDAHO	
Adr	venturist Enterprises, LLC		
2. The complete street and mailing a	ddresses of the initial design	nated/principal office:	
	Lewiston, ld 8350,		ļ
(Street Address)	x 1347 Lewiston, Idaho 83501		
(Mailing Address, if different than street address,			
3. The name and complete street ad	dress of the registered agen	it:	
James Edward Knight	4040 Fairway Drive, Le	ewiston, Idaho 83501	
(Name)	(Street Address)		
		ng ngangang nganggang nganggang nganggang	1
4. The name and address of at least company:	one member or manager of	the limited liability	
Name	Addi	<b>989</b>	
James Edward Knight	4040 Fairway Drive, Le	wiston, Idaho 83501	
			ı
		:	f,
		Ÿ	
5. Mailing address for future corresp	ondence (annual report notic	æs):	l
P.O. Bo	x 1347 Lewiston, Idaho 83501		
6. Future effective date of filing (option	onal):		
			· 1
Signature of organizer(s). (An organizer i	s a member, or is		
acting in behalf of a member or members).	•	ecretary of State use only	
Signature		energy of orsio dec only	
Typed Name: James Edward Kn			
A A 1	-g		
Signature 4	C. form	•	
Typed Name: James Edward Kn	acken of the second of the sec	IDAHO SECRETARY OF STATE	
. Near Leatile.	g CKi	492341 CT: 172099 BH: 121271	5
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