

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 MAR -9 AM 10: 04

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

	• • •	- 4. ID/ II (C	
BART-MAN SIGN CO, LLC			
The complete street and ma 5872 N. GOVERNMENT WAY S	•	e initial designated office:	
(Street Address) COEUR D'ALENE, ID 83815			
(Mailing Address, if different than street	address)		
3. The name and complete str	eet address of the re	gistered agent:	
CHRIS HARRISON, CPA		2100 NW BLVD STE 400, COEUR D'ALENE, ID 83814	
(Name)	(Street Address	(Street Address)	
The name and address of a company:	t least one member o	or manager of the limited liability	
<u>Name</u>		<u>Address</u>	
BART MCALISTER	5872 N. GOV	5872 N. GOVERNMENT WAY STE 401 CDA ID 83815	
		-	
			
	<u> </u>		
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5. Mailing address for future co	orrespondence (annu	ial report notices):	
5872 N. Government Wa	y Sce 401, CDA 1D	03015	
6. Future effective date of filing	(ontional):		
o. Tutaro onobito dato or ming	y (optional).		
Signature of a manager, men	nber or authorized		
person.		Secretary of State use only	
Signature		- ·	
Typed Name: BART MCALISTER		IDANO SECRETARY OF STATE 03/10/2015 05:00	
туром нагне-	<u>,</u>	CK:277 CT:307454 BH:146539	
Signaturo		10 100.00 = 100.00 DRGAN LLC	
Signature			

W148861

Typed Name: ___