

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE 2014 APR 22 PM 2: 10

W136936

(Instructions on back of application	SECRETARY OF STATE
1. The name of the limited liability company is:	STATE OF IDAHO
LAKES NORTHWEST L	1 /C
2. The complete street and mailing addresses of the	그 그 그 바다는 그 그는 그는 그는 그는 그는 그는 그는 그는 그는 그를 가지 않는 것이 되었다.
5305 W. FAIRWAY 14N #	7
(Street Address) SATHDRUM IDAHO 8.	3858
(Mailing Address, if different than street address)	
3. The name and complete street address of the re	egistered agent:
STEVE MALITO SSOS (Street Address RM)	U. FAIRWAY LN#8
(Name) (Street Address のん)	Juneum 10140 83858
4. The name and address of at least one member company:	or manager or the inflited liability
Name	Address
Steve Malito	DE .
5. Mailing address for future correspondence (annual)	ual report notices):
SAME	
6. Future effective date of filing (optional):	
o. I didic checuve date of filing (optional).	
Signature of a manager, member or authorized person.	
	Secretary of State use only
Signature Hum Malito	1DAHO SECRETARY OF STATE 04/22/2014 05:00
Typed Name: Steve Malito	CK:185227653 CT:295982 BH:1
	16 100.00 = 100.00 DRGAN L
Signature	1@ 20.00 = 20.00 EXPEDITE

Typed Name: