



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 JAN -7 PM 4: 24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Star Northwest, LLC

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

607 Sherington Drive, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Don Newell

(Name)

607 Sherington Drive, Eagle, ID 83616

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Don Newell

607 Sherington Drive, Eagle, ID 83616

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

607 Sherington Drive, Eagle, ID 83616

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Don Newell

Signature _____

Typed Name: _____

Secretary of State use only

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