

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) FILED EFFECTIVE 2014 AUG 13 AM 8: 34

(maticuons on pa	ck or application)	Proposition in the second
. The name of the limited liability o	ompany is:	LUNG OF STA
Houses 69 - 3 LLC		ome if it is
The complete street and mailing a 4929 N Tasman Dr Coeur d Alene, lo (Street Address) PO Box 296 Coeur d Alene, ld. 8381	1 83815 6	designated office:
(Mailing Address, if different than street address		
. The name and complete street ad	dress of the registered	agent:
Sandy Kaplan (Name)	4929 N Tasman Dr ( (Street Address)	Coeur d Alene, Id. 83815
The name and address of at least	one member or manag	er of the limited liability
company:		·
<u>Name</u> Sandy Kaplan	4020 N Tooman Dr. Co	Address Deur d Alene, Id. 83815
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Mailing address for future correct	andanaa (annuai annu	
Mailing address for future correspondence of the correspondence of	ondence (annuai report	notices):
PO Box 296 Coeur d Alene, ld. 83816		
Future effective date of filing (option	onal):	
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ped Name: Sandy Kaplan		
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