



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

12-22-09 AM 8:58

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Moore Property Management, LLC

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

321 N. First Avenue, Sandpoint, ID 83864

(Street Address)

PO Box 851, Sandpoint, ID 83864

(Mailing Address, if different than street address)

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

Charesse Moore

(Name)

321 N. First Avenue, Sandpoint, ID 83864

(Street Address)

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

**Name**

**Address**

Charesse Moore

PO Box 851, Sandpoint, ID 83864

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

PO Box 851, Sandpoint, ID 83864

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Charesse Moore

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/09/2012 05:00  
CK: 3655 CT: 221119 BH: 1318834  
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