

Signature\_

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

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 24 AM 8: 17

SECTE	OF	STATE
STATE OF	ID/	VHO

1,	The name of the limited liability com	ıpany is:	STATE OF IDAHO		
	Accurate Property Management, LLC				
2.	2. The complete street and mailing addresses of the initial designated/principal office: 2812 W. Tours Dr. Coeur d'Alene, ID 83815				
	(Street Address)				
	(Mailing Address, if different than street address)				
3.	3. The name and complete street address of the registered agent:				
		2812 W. Tours Dr.	Coeur d'Alene, ID 83815		
	(Name)	(Street Address)			
4.	The name and address of at least or company:	ne member or mai			
	Name	0040WLT D	Address		
	Chad Salsbury	2812 W. Tours Dr.	Coeur d'Alene, ID 83815		
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5. Mailing address for future correspondence (annual report notices): 2812 W. Tours Dr. Coeur d'Alene, ID 83815					
6. Future effective date of filing (optional):					
Signature of a manager, member or authorized person.					
Secretary of State use only					
_	nature <u> </u>	29/			
Тур	ed Name: Chad Salsbury	<i></i>			

IDAHO SECRETARY OF STATE

09/24/2010 05:00

CK: 3925 CT: 251512 RH: 1246306
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