



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2013 FEB 21 AM 8:48

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Safe Touch LLC.

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

711 2nd Street South, Kamiah Idaho 83536
(Street Address)

P.O. Box 372, Kamiah Idaho 83536
(Mailing Address, if different than street address)

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

Barry Grant, Machado
(Name)

711 2nd St. So. Kamiah Idaho
(Street Address) 83536

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

<u>Name</u>	<u>Address</u>
<u>Georgia Lee, Machado</u>	<u>711 2nd St. So. Kamiah Id. 83536</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

P.O. Box 372, Kamiah Idaho 83536

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

Signature of a manager, member or authorized person.

Signature Georgia Lee, Machado
Typed Name: Georgia Lee, Machado

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/21/2013 05:00
CK: 6158 CT: 279679 BH: 1361165
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