



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN -2 AM 9:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cam & Gary LLC

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

2315 E. Timbercrest Ct. Post Falls, Id 83854

(Street Address)

(Mailing Address, if different than street address)

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

Cameron Jones

(Name)

2315 E. Timbercrest Ct. Post Falls, Id 83854

(Street Address)

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

Name

Address

Cameron Jones

2315 E. Timbercrest Ct. Post Falls, Id 83854

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

2315 E. Timbercrest Ct. Post Falls, Id 83854

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

Cameron Jones

Signature

Typed Name:

Secretary of State use only

W132698

IDAHO SECRETARY OF STATE
01/02/2014 05:00
CK: 18135 CT: 291199 BH: 1483946
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