



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JAN 15 AM 9:34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lake View Services LLC

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

2825 W Echo Dr Post Falls, Idaho 83854

(Street Address)

(Mailing Address, if different than street address)

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

Glen P Whipple

(Name)

2825 W Echo Dr Post Falls, Idaho 83854

(Street Address)

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

Name

Glen P Whipple

Address

2825 W Echo Dr Post Falls, Idaho 83854

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

2825 W Echo Dr Post Falls, Idaho 83854

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

Signature of a manager, member or authorized person.

Signature Typed Name: Glen P Whipple

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/15/2015 05:00

CK: 7693 CT: 131198 BH: 1457296
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