

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 JUN 10 AM 8: 37

	j
1. The name of the limited liability company is:	SFCRETATY OF STATE
GREEN Fields BANCH LL	-C STATE CELIMHO
2. The complete street and mailing addresses of the	
2560 N. Anncortes Lone	·
(Street Address) LOCA = John 836/6 (Mailing Address, if different than street address)	
3. The name and complete street address of the reg	istered agent:
Mike PROTT 2560 / (Name) (Street Address)	U. Ropacoptes LN
The name and address of at least one member of company:	r manager of the limited liability
Name	Address /
Louise PRATT 2560	N. Anncortes LN
Mike Pratt	
5. Mailing address for future correspondence (annua	,
2560 N. Anacortes Engle	1000 0000
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
miliano	Secretary of State use only IDAHO SECRETARY OF STATE
Signature 1 We How	06/10/2014 05:00
Typed Name: Mike PRATT 916-337-0863	CK:2034 CT:297806 BH:1428505 10 100.00 = 100.00 ORGAN LLC #
Signatura (The Local Control	

W/38870

Typed Name: LOUISE PRATT