

## CERTIFICATE OF ORGANIZATION 2815 MAR 13 AM 11: 48 LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECRETARY OF STATE

	(	STATE OF IDAHO
1. The name of	the limited liability con	mpany is:
	<del>-</del>	Le Solution 3 Post Falls LIC
	· • • • • • • • • • • • • • • • • • • •	dresses of the initial designated office:
		Ct., Post Falls, ID 33854
(Street Address)	L Windwood	C+, 180+ Fat 6, 10 00007
//d=:===	if all 65	
	, if different than street address)	
3. The name a	nd complete street addr	ress of the registered agent:
	k1 - 11	10-5-13: 1-2 1-61
Name)	MIQZZafella	1907 E Windwood C+
/		
4. The name a	nd address of at least o	one member or manager of the limited liability
company:	Sadio of alloadio	The manual of manuages of the minute means,
· ·	<u>Name</u>	Address
Dana	Mazzarella	1907 E Windwood Ct
David Maz		
David Maz	zarerra	
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<del></del>		
5. Mailing addr	ess for future correspor	indence (annual report notices):
1907 /	Wind wood C	Ct. Past Falls, ID 83854
6. Future effect	tive date of filing (option	nal):
Signature of a	manager, member or	r authorized
person.	· · · · · · · · · · · · · · · · · · ·	
	0-	Secretary of State use only
Signature Irla	of Dynalle	THIUS GESTERNING OF COST
Typed Name: 🧐	David Mazzare	idaho secretary of state 03/13/2015 05:00
		CK:2659996 CT:172099 BH:14
Signature		10 100.00 = 100.00 ORGAN L

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16 20.00 = 20.00 EXPEDITE C #3

W148953

9/21/2012

Typed Name: j

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