



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

DEC 13 AM 8:27

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

River City Cellular, LLC

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

205 E Seltice Way Suite H, Post Falls, ID 83854

(Street Address)

1432 Coquille Ct, Post Falls, ID 83854

(Mailing Address, if different than street address)

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

Donita Graves

(Name)

1432 Coquille Ct. Post Falls, ID 83854

(Street Address)

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

NameAddress

Donita Graves

1432 Coquille Ct. Post Falls, ID 83854

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

1432 Coquille Ct. Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Donita Graves

Typed Name: Donita Graves

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 12/13/2010 05:00  
 CK: 2071 CT: 160759 BH: 1250606  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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