## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 JUL 18 PM 4: 06

	(Instructions on bac	ck of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is:		2 01 15/410
		Executive NW, LLC	
2. The complete street and mailing addresses of the initial designated/principal 4679 E Mossberg Cir., Post Falls, Idaho 83854  (Street Address)  (Mailing Address, If different than street address)			al designated/principal office:
3.	The name and complete street address of the registered agent:		
	United States Corporation Agents, Inc. (Name)	-	, Suite 1100, Boise, ID 83702
	The name and address of at least one member or manager of the limited liability company:		
	Name Connie McMartin	4679 E Mossbarg C	Address Cir., Post Falls, Idaho 83854
	Bru McMartin	4679 E Mossberg C	Cir., Post Falls, Idaho 83854
5.	Mailing address for future correspondence of the Mailing address for future correspond		port notices):
6.	Future effective date of filing (option	onal):	
Sigr pers	nature of a manager, member of	or authorized	
Sinn	nature /		Secretary of State use only
Type	ed Name: Cheyenne Moseley, Assista Secretary, LegalZoom.com, nature ed Name:	inc.	IDANO SECRETARY OF STATE 07/18/2014 05:00 CK:2071054 CT:172099 BH:143: 16 100:00 = 100:00 ORGAN LL6

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