

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2016 ATTC _ C

	(Instructions on back	of application)	2014 AUG -6 AM 8: 36
1.	The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDATE
2.	The complete street and mailing addresses of the initial designated office: 469 North Madison, Sandpoint, ID 83864 (Street Address) 691 Crocker Road, Sacramento, CA 95864 (Mailing Address, if different than street address)		
3.	The name and complete street address of the	_	ered agent: on, Sandpoint, ID 83864
4.	The name and address of at least o company: Name		Address
	Vera Janushkowsky - Manager 691 Crocker Road, Sacramento, CA 95864 Tom Hardin - Manager 691 Crocker Road, Sacramento, CA 95864		
5.	Mailing address for future corresponded to the	•	eport notices):
6.	Future effective date of filing (option	al):	
_	nature of a manager, member or	authorized	
Signature Vera Janushkowsky Signature Tom Hardin			Secretary of State use only 10AHO SECRETARY OF STATE 08/06/2014 05:00 CK:3097 CT:299787 BH:1436 16 100.00 = 100.00 ORGAN L: 16 20.00 = 20.00 EXPEDITE
тур	ed Name: Tom Hardin		MULLANDO

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