



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 AUG 26 AM 9:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

John Fernald LLC

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

940 N SUGAR MAPLE TRAIL, POST FALLS, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

JOHN FERNALD

(Name)

940 N SUGAR MAPLE TRAIL, POST FALLS, ID 83854

(Street Address)

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

Name

Address

JOHN FERNALD

940 N SUGAR MAPLE TRAIL, POST FALLS, ID 83854

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

940 N SUGAR MAPLE TRAIL, POST FALLS, ID 83854

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: 8/12/2013

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
08/26/2013 05:00
CK: 21853382323 CT: 286830 DH: 1387562
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