

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

Typed Name:

2015 JUN - 1 PM 1: 4.0

	• •	- John - 1 PM
The name of the limited liability com	pany is:	SECRETARY OF S STATE OF IDAH
LORIS ONAWAY TAVERN LLC		STATE OF IBAR
The complete street and mailing add	dresses of the initial desig	
310 Onaway road, . Onaway, ID 83855 (Street Address)		
(Malling Address, if different than street address)		
The name and complete street addr	ess of the registered age	nt:
LEGALINC CORPORATE SERVICES INC	950 W BANNOCK STREET, S	UITE 1100. BOISE, ID 83702
The name and address of at least o	ile member of manager c	of the fillings habiney
company: Name	Address	
Lori Bartlett	3474 Hwy 6 Po Box 101. Princeton, ID 83857	
Wi∥iam Lidean	1020 Boller Rd., Potlatch, ID 8	3855
4Allieur Fideau		
	-	
	,	
Mailing address for future correspo	ndence (annual report no	tices):
310 Onaway road, . Onaway, ID 83855		
Future effective date of filing (optio	nel):	
Future effective date of filing (option		
gnature of organizer(s). (An organizer is	a member, or is	
ting in behalf of a member or members).		Secretary of State use only
· · · · Mary/va X	98	CONDINI OF CHAIR GOD WAY
ignature <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	<b>3</b>	IDAHO SECRETARY OF STA
yped Name: MARSHA SIHA	CK: 3	06/01/2015 05:0 4403 CT:187501 BH:1
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