



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

1. The name of the limited liability company is:

Boekel Corners, LLC

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

2512 E. Black Forest Avenue, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Keith D. Brown

(Name)

2512 E. Black Forest Avenue, Post Falls, ID 83854

(Street Address)

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

Name

Kevin McVey

Address

1214 E. Welden Drive, Spokane, WA 99223

Norma McVey

1214 E. Welden Drive, Spokane, WA 99223

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

1214 E. Welden Drive, Spokane, WA 99223

Welden

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: _____

Kevin McVey

Signature _____

Typed Name: _____

Norma McVey

Secretary of State use only

LLC Form 100-100
Revised 07/2008
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IDaho SECRETARY OF STATE
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