



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 FEB 17 AM 9:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

405 E 2nd Venture, LLC

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

503 E Seltice Way, Ste 12, Post Falls, ID 83854

(Street Address)

PO Box 1701, Post Falls, ID 83877

(Mailing Address, if different than street address)

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

Bonnerventure, Inc.

(Name)

1264 N American Dr, 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**

Bonnerventure, Inc.

PO Box 1701, Post Falls, ID 83877

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

PO Box 1701, Post Falls, ID 83877

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

*M. Sean Bonner*

Typed Name: M. Sean Bonner, Pres, Bonnerventure

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

02/17/2015 05:00

CK:7695 CT:184067 BH:1462138

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