



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 OCT -8 PM 2:59

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

River City Anytime LLC

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

400 North Hwy 41 Suite #6, Post Falls, ID. 83854

(Street Address)

SAME

(Mailing Address, if different than street address)

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

Megan Gonzales

(Name)

3386 E. Wishful Trail, Athol, ID. 83801

(Street Address)

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

Name

Address

Megan Gonzales

3386 E. Wishful Trail, Athol, ID. 83801

Matthew Gonzales

3386 E. Wishful Trail, Athol, ID. 83801

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

400 North Hwy 41 Suite #6, Post Falls ID. 83854

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

Signature of a manager, member or authorized person.

Signature Megan Gonzales
Typed Name: Megan Gonzales

Signature Matthew Gonzales
Typed Name: Matthew Gonzales

Secretary of State use only

IDAHO SECRETARY OF STATE
10/08/2014 05:00

CK:2279078 CT:172099 BH:1444506
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