

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 DEC 26 AM 8: 51

(Instructions on back of application)

(1103.0001010	out of alphania.	STATE OF IDAMO
1. The name of the limited liability	company is:	STATE OF IDARIO
JK 1720, LLC	•	
2. The complete street and mailing 311 E 3rd Ave., Post Falls, Idaho 83 (Street Address)	_	e initial designated office:
(Mailing Address, if different than street addr	ess)	
. The name and complete street		gistered agent:
Sharon Sorenson	311 E 3rd Ave., Post Falls, Idaho 83854	
(Name)	(Street Address)	
The name and address of at leacompany: Name Sharon Sorenson		Address e., Post Falls, Idaho 83854
		
5. Mailing address for future corre 311 E 3rd Ave., Post Falls, Idaho 83	·	al report notices):
i. Future effective date of filing (o	ptional):	
ignature of a manager, membererson.	r os authorized	
		Secretary of State use only
gnature		IDAHO SECRETARY OF STATE 12/26/2014 05:00 CK:13995 CT:43788 BH:145451 16 100.00 = 100.00 DRGAN LLC
ignature		
yped Name:		W145792