

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2817 AUG 31 AM 5-28

SECRETARY OF STATE
STATE OF IDAHO

The complete street and mailing addresses of the principal office is:		
	St. Maries, ID. 83861	
Sheet Address)		
Mailing Address, if differents		
The name of the registered age	ent and the street addres	s of the registered agent:
Alisa S. Grogan	420 S. 13th St.	St. Maries, ID. 83861
Name)	(Address cannot be a pos	it office box or postar mail box.)
name)	(Address)	
Name)	(Address)	
Name)	(Address)	
(Name)	(Address)	
Mailing address for future corre	espondence (annual rep	ort notices):
	t. Maries, ID. 83861	
-	•	

1DAHO SECRETARY OF STATE 08/31/2017 05:00

CK:1572 CT:344973 BH:1600756 18 100.00 = 100.00 ORGAN LLC #2

W 188468

Signature:__

Printed Name: -

Printed Name: Alisa S. Grogan