



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

10 DEC 13 AM 8:52

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Comfort City, LLC

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

501 W. Appleway, Coeur d'Alene, ID 83814

(Street Address)

(Mailing Address, if different than street address)

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

Kimberly Peach

(Name)

8656 N. Cloverleaf Drive, Hayden, ID 83835

(Street Address)

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

**Name**

**Address**

Daniel Peach

8656 N. Cloverleaf Drive, Hayden, ID 83835

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

501 W. Appleway, Coeur d'Alene, ID 83814

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Daniel M. Peach

Typed Name: Daniel M. Peach

Signature

Angella Cote

Typed Name: Angella Cote

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/13/2010 05:00  
CK: 4111 CT: 157448 BH: 1258598  
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