

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

SECRETARY OF STATE

| (Remember to include the | words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC) |
|--|--|
| The complete street and ma | ailing addresses of the principal office is: |
| 729 N Dundee Dr Post Fall | s Idaho 83877 |
| (Street Address) | |
| PO Box 2559 Post Falls ID | 83877 |
| (Mailing Address, if different) | |
| The name of the registered | agent and the street address of the registered agent: |
| Daniel D Palmen | 729 N Dundee Dr Post Falls Idaho 83877 |
| (Name) | (Address cannot be a post office box or postal mail box.) |
| | |
| | it least one governor of the limited liability company: |
| Daniel D Palmen | 729 N Dundee Dr Post Falls Idaho 83877 |
| Name) | (Address) |
| Name) | (Address) |
| | |
| Name) | (Address) |
| | |
| (Name) | (Address) |
| Mailing address for future c | correspondence (annual report notices): |
| PO Box 2559 Post Falls ID | |
| (Address) | 03877 |
| (Address) | |
| | |
| ture of organizer(s). | |
| | Secretary of State use only |
| ature of organizer(s). ature: <u>Daniel Palyn</u> | Secretary of State use only IDAHO SECRETARY OF STATE |

W190021

CK:3813 CT:282328 BH:1605822 18 100.00 = 100.00 ORGAN LLC #2

Signature:

Printed Name: -