

Signature:

Signature:\_\_

Rev. 08/2015

Printed Name:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

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

2016 FEB 22 AM 9: 44

Complete and submit the application in duplicate

SECRETARY OF OT

The name of the limited liab Carlson and Co LLC (Remember to include the v	oility company is:	STATE OF IDAHO
(Remember to include the v		
	words "Limited Liability Company," "Limited Company," or the	abbreviations L.L.C., LLC, or LC)
The complete street and m	ailing addresses of the principal office is:	
and a fac	alene, ID, 83814	and the second s
(Street Address)		
Mailing Address, if different)		
The name and complete st	reet address of the registered agent:	
William S Carlson	1007 e foster ave, coeur d alene, ID, 83814	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
Name)	(Address)	
the state of the s	الله الله الله الله الله الله الله الله	AND COLUMN TO THE PROPERTY OF

U2/22/2U16 U5:UU

CK:1724 CT:318800 BH:1514712 1@ 100.00 = 100.00 ORGAN LLC #2

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