## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION Click here to clear form. LIMITED LIABILITY COMPANY

	(Instructions on ba	ack of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is:		
	SNEDDEN, LLC	,,	
2.	The complete street and mailing addresses of the initial designated office: 414 Church St., Ste. 203 Sandpoint, ID 83864		
	(Street Address)		
_	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Stephen Snedden (Name)	414 Church St., Ste. 203 Sandpoint, ID 83864 (Street Address)	
		·	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Stephen Snedde⊓	Address	
	Stebueit Sheddell	PO Box 1972 Sandpoint, ID 83864	
	•		
		<u> </u>	
	·	•	•
<b>5</b> . 1	Mailing address for future correspondence (annual report notices): 414 Church St., Ste. 203 Sandpoint, ID 83864		
		33341	
6. l	Future effective date of filing (opti	onal):	
Sign pers	ature of a manager, member on.	or authorized	
Sign	ature		Secretary of State use only
	ed Name: Stephen Snedden, Manage	er	
		· ·	
Sign	ature		
Туре	d Name:		IDAHO SECRETARY OF STATE
			10/29/2013 05:00 CK: 1594702 CT: 172099 BH: 1395796
2	**************************************	cert_org_lic Rev. 07/2010	1 0 100.00 = 100.00 ORGAN LLC # 2

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