CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 OCT -1 AM 8: 53

1.	The name of the limited liability com	pany is:	SECRE BY OF STATE STATE OF IDAHO
2.			
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Pamela Anceli		e Rd., Oldtown, ID 83822
	(Name)	(Street Address)	
4.	The name and address of at least or company:	ne member or I	manager of the limited liability
	Name	<u>Address</u>	
	Kevin Shannon	855 Albeni Cove Rd., Oldtown, ID 83822	
5.	Mailing address for future correspon 855 Albeni Cove Rd., Oldtown, ID 83822	dence (annual	report notices):
6.	Future effective date of filing (option	al):	
•	nature of a manager, member or	authorized	
Sig	_{Inature} <u>Pamela Arc</u>	ell	Secretary of State use only
Ту	ped Name: Pamela Ancell		
_	natureped Name:		IDAHO SECRETARY OF STATE 10/01/2010 05:00
,			CK: 2984 CT: 251694 BH: 1241321

cert_org_lic Rev. 07/2010

W96864