Typed Name: \_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2011 OCT I AM II: OR

			London Fr Mills CO
	(Instructions on ba	ck of application)	SECRETARY OF STATE
1. The nam	ne of the limited liability o	ompany is:	STATE OF IDAHO
		828, LLC	
2. The com	plete street and mailing a	addresses of the initial	designated/principal office:
	BELLERIVE #D, COEUR D'AL		
(Street Ad		I C IDAHO	
	EVENTH AVENUE, POST FAL ddress, If different than street address		
	ne and complete street ac		i agent:
CHARLE	ES LEMPESIS	1950 W BELLERIVE #	D, COEUR D'ALENE ID 83814
(Name)		(Street Address)	
compan	<u>Name</u>		Address
CHARLE	S LEMPESIS	1950 W BELLERIVE	D, COEUR D'ALENE ID 83814
CYNDIE	LEMPESIS	1950 W BELLERIVE	D, COEUR D'ALENE ID 83814
<del></del>			
_	address for future corresp		rt notices):
1950 W	BELLERIVE #D, COEUR D'AL	ENE ID 83814	
C Cidente	effective date of filing (opt	ional).	
o. ruture (	RHACHAA NOTA OLIMIAA JOH	101 191 j.	
01mm =4:= -	S - manhas	or authorized	
Signature of person.	of a manager, member	U	
person.			Secretary of State use only
Signature			
Typed Nam	e: CHARLES LEMPESIS	·	
		·	TRAIN APPARTIES OF ATACE
Signature_			10AHO SECRETARY OF STATE 10/11/2011 05:00

CK: 864988 CT: 172899 BH: 1293667 1 8 100.80 = 100.00 ORGAN LLC # 2 1 8 20.60 = 28.80 EXPEDITE C # 3