

Signature:

Signature:

Printed Name: SANDRA R AKRE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00.

Complete and submit the application in duplicate.



1.	The name of	the	limited	liability	company	is:
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he complete street and mailing addresses of the principal office is:						
3830 HIGHWAY 2		PRIEST RIV		856 Ziplodo)		
PO BOX 1462		PRIEST RIV		856		
(Mailing Address, dilafferent)		(City)		Lipcode)		
The name and complete s	street address of the registered agent					
DEAN R AKRE	3830 HIGHWAY 2	PRIEST	RIVER ID	838		
(Name)	(Address)	(City)	(State)	6700		
· · · · · · · · · · · · · · · · · · ·	(Attoress)	(City)	(State)	(X.4b		
DEAN R AKRE	PO BOX 1462 3830 HW (Address)	(City)	FRIVER ID (State)	838 Zp		
CANDDA D AKDE	DO DOV 4400 0000 LIVA			~~~		
SANDRA R AKRE	PO BOX 1462 3830 HWY		RIVER ID			
	PO BOX 1462 3830 HWY (Address)	PRIES1	(State)			
				838 (Z) _j		
(Name)	(Address)	(City) (City)	(Stale) (Stale)	(Z) _I		
(Name) (Name) (Name)	(Address) Ø\ddress)	(City) (City) (City)	(Stale)	(Zij		
(Name) (Name) Name) Mailing address for future	(Address) 6\ddress)	(City) (City) (City)	(State) (State) (State)	(Z) _I		

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