FILED EFFECTIVE



Printed Name:

Signature:

Rev. 01/2018

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00 typed, \$120 not typed
Complete and submit the application in <u>duplicate</u>.

2018 MAY 29 AN 10-02

SECRETARY OF STATE

(Remember to include the v	vords "Limited Liability Company." "Li	mited Company, "or the abbreviations L.L.C., LLC, or LC)
The complete street and mail	ng addresses of the princip	oal office is:
4313 E Seneca Ct		
(Street Address)		
Post Falls, ID 83854		
(Mailing Address, if different)		
The name and complete stree	et address of the registered	agent:
Amanda Martin	4313 E Seneca Ct Post Falls ID 83854	
(Name)	(Address)	
The name and address of at i	-	
Amanda Martin	4313 E Seneca Ct Post Falls ID 83854	
(Name)	(Address)	

(Name)	(Address)	
(Name)	(Address)	
	, , , = ,	
(Name)	(Address)	
Mailing address for future cor		t notices);
4313 E Seneca Ct Post Fa	lls ID 83854	
(Address)		
ture of organizer(s).		Secretary of State use only
ed Name: Amanda Martin		1
		IDAHO SECRETARY OF STATE
iture: 48 J	^ (\ b	IDANO BECKETARI DE STATE

CK:1712 CT:346373 BH:1646140 16 100.00 = 100.00 ORGAN LLC #2

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