







STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 or Office Ose Offi

-FILED-

File #: 0006224813

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| Certificate of Organization Limited Liability Compa Select one: Standard, Expedited or Sa descriptions below) | | Expedited (+\$40; filing fee \$140) | |
|---|------------------------|---|-------|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | 19 North 2 LLC | |
| 2. The complete street address of the principal off | ce is: | | |
| Principal Office Address | | 5830 EAST 2ND ST. | |
| | | #92429 CASPER, WY 82609 | |
| | | - C/ (C/ L/X, V/ 02000 | |
| 3. The mailing address of the principal office is: | | 5020 F 2ND CT # CACDED DMD 024 | 20 |
| Mailing Address | | 5830 E 2ND ST # CASPER PMB 924 CASPER, WY 82609-4308 | 29 |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Lauren Schmidt | |
| | | Registered Agent | |
| | | Physical Address 496 W MESA GRANDE LN | |
| | | BOISE, ID 83702 | |
| | | Mailing Address | |
| I affirm that the registered agent a | ppointed has consented | to serve as registered agent for this en | tity. |
| Name | | Address | |
| Lauren Schmidt | | 496 W MESA GRANDE LN BOISE, ID 83702 | |
| Signature of Organizer: | | | |
| Lauren Schmidt | | 04/29, | /2025 |
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