

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application) 2013 AUG 26 PM 1: 05

1.	The name of the limited liability comp	SECRETARY OF STATE STATE OF IDAHO
2.	2. The complete street and mailing addresses of the initial designated office: 1217 18th Ave	
	(Street Address) Lewiston, ID 83501 (Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Jeremy Medlock	1217 18th Ave., Lewiston, ID 83501
4.	(Name) (Street Address)  The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address:
	Jeremy Medlock	1217 18th Ave, Lewiston, ID 83501
5. Mailing address for future correspondence (annual report notices):  Jeremy Medlock 1217 18th Ave., Lewiston, ID 83501		
6. Future effective date of filing (optional):		
Signature of a manager, member or authorized person.		
Secretary of State use only  Signature		
Тур	ped Name: Jeremy Medlock	
Signature IDAHO SECRETARY OF STATE  88/26/2013 05:		
Typed Name: CX: 1263 CT: 286834 BH: 1387568 1 8 188.00 = 188.00 CRGAN LLC # 2		

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