



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 JAN 31 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Moate Holdings, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

2945 E. Seltice, Post Falls, Idaho 83877

(Street Address)

P.O. Box 685, Post Falls, Idaho 83877-0685

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Robert T. Moate

(Name)

2945 E. Seltice, Post Falls, Idaho 83877

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
Randy M. Moate	P.O. Box 685, Post Falls, ID 83877-0685
Robert T. Moate	P.O. Box 685, Post Falls, ID 83877-0685
Terry L. Moate	P.O. Box 685, Post Falls, ID 83877-0685

5. Mailing address for future correspondence (annual report notices):

P.O. Box 685, Post Falls, ID 83877-0685

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Robert T. Moate
Typed Name: Robert T. Moate

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/31/2011 05:00
CK: 19992 CT: 20062 BH: 1257628
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