

FILED EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

North Idaho Dream Team LLC

2. The street address of the initial registered office is:

1208 Idaho Street, Post Falls, ID 83854

and the name of the initial registered agent at the above address is:

David L. Swarat

3. The mailing address for future correspondence is:

1208 Idaho Street, Post Falls, ID 83854

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

David L. Swarat

7752 Valley Street, Dalton Gardens, ID 83815

Mary A. Swarat

7752 Valley Street, Dalton Gardens, ID 83815

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Mary A. Swarat

Typed Name: Mary A. Swarat

Capacity: Managing Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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10/02/2006 05:00
CK: 5114 CT: 101391 BH: 977985
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Revised 07/2002

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