

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014-0CT 27 AN 9: 56

(Instructions on back of application)

~	(Illiau delions on Da	ack or application)	SECRETARY OF STATE
1.	The name of the limited liability	company is:	SECRETARY OF STATE STATE OF IDAHO
	Idaho Real Estate Academy , LL	د	
2.	The complete street and mailing addresses of the initial designated office: 3945 N 19th St		
	(Street Address) Coeur d Alene, ID 83815 (Mailing Address, if different than street addres	s)	
3.	The name and complete street address of the registered agent:		
	Michael B Sawicki	3945 N 19th St (	Coeur dAlene, ID 83815
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Michael B Sawicki	3945 N 19th St (	Address Coeur dAlene, ID 83815
	Peggy A Sawicki	<del></del>	Coeur dAlene, ID 83815
		<del>-</del>	
5.	Mailing address for future corres	•	eport notices):
6.	Future effective date of filing (opt	tional):	·
	nature of a manager, member son.	or authorized	
	man M		Secretary of State use only
Signature Mode.			10/23/2014 05:00
•	ed Name: Michael B Sawicki		CK:3627 CT:226898 BH:144689 10 100.00 = 100.00 ORGAN LLC
	nature		
Тур	ed Name:		VV 1140171

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