



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG 27 AM 10:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MAIN LINE, LLC

2. The complete street address, and mailing address if different, of the initial designated/principal office:

5301 E. Shoreline Drive Post Falls, ID, 83854

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

Corporation Service Company

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

Name

Address

EARL COMBS

5301 E. SHORELINE DRIVE POST FALLS ID 83854

SONIE COMBS

5301 E. SHORELINE DRIVE POST FALLS ID 83854

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

5301 E. Shoreline Drive Post Falls, ID, 83854

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

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Corporation Service Company, organizer

Signature _____

Typed Name: _____

Tierra Torres

Signature _____

Typed Name: _____

Secretary of State use only

Corporation LLC Form 501, rev. 07/2008
g:\corplinc\LLC\form501\org_llc.pdf

IDAHO SECRETARY OF STATE
08/27/2008 05:00
CK: 280186866 CT: 225566 BH: 1133321
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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