



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 29 AM 9:24

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

PLATINUM UNLIMITED, LLC

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

21905 WEST RIVER VIEW DRIVE POST FALLS ID 83854

(Street Address)

PO BOX 67 PRIEST RIVER ID 83856

(Mailing Address, if different than street address)

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

JOHN T SCANLON

(Name)

21905 WEST RIVER VIEW DRIVE POST FALLS ID

(Street Address)

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

Name

Address

JOHN T SCANLON

21905 WEST RIVER VIEW DRIVE POST FALLS ID

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

PO BOX 67 PRIEST RIVER ID 83856

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: JOHN T SCANLON

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/29/2011 05:00  
CK: 19137 CT: 261967 BH: 1288321  
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