

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability company is:

10 APR -5 AM 11:58

SECRETARY OF STATE STATE OF IDAHO

	Clearw	rater Cabinel	ts LLC			-	
2. The complete	street and mailing addre				incipal of	fice:	
(Street Address)	1717 Glenwood Rd. Kamiah ID 83536						
(Street Address)	(Street Address) 1727 Glenwood Rd. Kamiah ID 83536						
(Mailing Address, if	different than street address)		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
3. The name and	complete street addres	s of the re	gistered a g	jent:		en de la companya de	
Asa Scott Lloyd		1727 Glenwood Rd. Kamiah ID 83536					
(Name)		(Street Address)					
company:	address of at least one		A	ddrees		y	
Julie Lloyd		1727 Glenwood Rd. Kamiah ID 83536					
Jonathan Scott Lloyd		1727 Glenwood Rd. Kamiah ID 83536					
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				-4:>-	*	10 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m	
5. Mailing addres	s for future corresponde 1727 Glenwo	-	-	_) 	
	· · · · · · · · · · · · · · · · · · ·			.,			
6. Future effectiv	e date of filing (optional)):					
Signature of organiacting in behalf of a m	izer(s). (An organizer is a m ember or members).	ember, or is			d.		
-	. 11 .		ş	Secretary of	State use only	,	
Signature	in Sit They		12				
Typed Name:	Asa Scott Lloyd		5 156 60	Theur	SECRETARY (YE STOTE	
Signature	Lu dland Julie Lloyd		copitomailLC formskerf_org_lk.PMB Revised 07/2008	24/2: CK: CASH 1 9 199.00	5/2010 CT: 246763 = 199.89	95:98 BM: 1216296 ORBAN LLC # 2	
Typed Name:	Julie Lioyu		Res	٧	1922	29	