

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 26 AM 8:33

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

NAP, LLC

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

1915 MEADOW LANE, POST FALLS, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

GREGORY NAP

(Name)

1915 MEADOW LANE, POST FALLS, ID 83854

(Street Address)

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

**Name****Address**

GREGORY NAP

1915 MEADOW LANE, POST FALLS, ID 83854

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

1915 MEADOW LANE, POST FALLS, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: MATTHEW RZEPKA, CPA

Secretary of State use only

Signature

Typed Name:

 IDAHO SECRETARY OF STATE  
 11/26/2010 05:00  
 CK: 4848 CT: 253889 BH: 1248622  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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