



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 NOV 21 AM 9:21  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Elk Mountain Services LLC

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

3765 N. Maxfli Ln. Post Falls, ID. 83854

(Street Address)

PO BOX 3353 Post Falls, ID. 83877

(Mailing Address, if different than street address)

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

Michael Wendland

(Name)

3765 N. Maxfli Ln. Post Falls, ID. 83854

(Street Address)

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

Name

Michael Wendland

Address

3765 N. Maxfli Ln. Post Falls, ID. Post Falls, ID. 83854

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

P.O. BOX 3353 Post Falls, ID. 83877

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

Signature of a manager, member or authorized person.

Signature Michael Wendland  
Typed Name: Michael Wendland

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

Secretary of State use only

IDaho SECRETARY OF STATE

**11/21/2014 05:00**

CK:159 CT:303461 BH:1450301  
1@ 100.00 = 100.00 ORGAN LLC #2