

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 0CT 31	AM 8: 32
SECRETARY STATE OF	OF STATE

The complete street and mailing address 1207 E SHERMAN AV	ENUE COEUR (1242 HAYDEN, II	D'ALENE, ID 83814 D 83835
(Street Address) P.O. BOX 1 (Mailing Address, if different than street address) The name and complete street address BONNIE J STEARNS	ENUE COEUR (1242 HAYDEN, II	D'ALENE, ID 83814 D 83835
(Street Address) P.O. BOX 1 (Mailing Address, if different than street address) The name and complete street address BONNIE J STEARNS	1242 HAYDEN, II	D 83835
(Mailing Address, if different than street address) The name and complete street address BONNIE J STEARNS	ss of the regis	
The name and complete street address		tered agent:
	12520 N VEI	
(Name)	12550 N KEL	LLY RAE DRIVE HAYDEN, ID 83835
	(Street Address)	
The name and address of at least one company:	e member or n	**
<u>Name</u> SARAH BERGER	Address 3323 LASHAWN COURT POST FALLS, ID. 83854	
J. W. G. T. G. L. W. W. G. L. W. W. G. L. W. G.	0020 15 10 15 1	THE COURT POUT FALLS, ID, 63834
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Mailing address for future corresponde	ence (annual i	report notices):
P.O. BOX 12	242 HAYDEN, IC	D 83835
Future effective date of filing (optional):	
nature of organizer(s). (An organizer is a m g in behalf of a member or members).	ember, or is	
y in behalf of a member of members).		Secretary of State use only
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Typed Name:

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