



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2012 OCT 24 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Deborah McCrink, LMP, LLC

2. The complete street and mailing addresses of the initial designated office:
660 E. Sand Wedge Dr., Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Deborah McCrink, LMP

660 E. Sand Wedge Dr., Post Falls, ID 83854

(Name)

(Street Address)

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

Name

Address

Deborah McCrink, LMP

660 S. Sand Wedge Dr., Post Falls, ID 83854

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

same as above

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
10/25/2012 05:00
CK: 6524 CT: 275583 BH: 1345017
1 @ 100.00 = 100.00 ORGAN LLC # 2

W118418