

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) SECRETARY OF STATE

08 DEC 26 AM 8: 37

	•	STATE OF IDAHO	
1.	The name of the limited liability com	ipany is:	
•	Ir	nnerCompass LLC	
2.	. The complete street and mailing addresses of the initial designated/principal office:		
•	1213 Eln	n St., Sandpoint ID 83864	
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address	ess of the registered agent:	
	Kim Marshall	1213 Elm St. Sandpoint ID 83864	
	(Name)	(Street Address)	
•			
4.	The name and address of at least or company:	ne member or manager of the limited liability	
	<u>Name</u>	Address	
	Kim Marshall	1213 Elm St. Sandpoint ID 83864	
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5.	Mailing address for future correspon	dence (annual report notices):	
		n St. Sandpoint ID 83864	
:			
6.	Future effective date of filing (option	al):	
Signature of organizer(s). (An organizer is a member, or is			
actin	ng in behalf of a member or members).	Secretary of State use only	
Sign	nature Km/lan6	halo lie lord	
Тур	ed Name: Kim Marshall	IDAHO SECRETARY OF STATE 12/26/2008 05:00	
÷		CK: 1896 CT: 232561 BH: 1149729 1 9 199.88 = 189.09 ORGAN LLC # 2	
Signature			
Typed Name:			