



CERTIFICATE OF ORGANIZATION *FILED EFFECTIVE* LIMITED LIABILITY COMPANY

(Instructions on back of application)

RECEIVED
02/16/2012 05:00
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Barnabas Team Ministries, LLC

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

2481 N titleist Way, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

William L. Putman

(Name)

2481 N titleist Way, Post Falls, ID 83854

(Street Address)

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

Name

William L. Putman

Address

2481 N titleist Way, Post Falls, ID 83854

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

William L. Putman

2481 N Titleist Way Post Falls ID 83854

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Secretary of State use only

Typed Name: William L. Putman

Signature

Typed Name: _____

IDaho SECRETARY OF STATE
02/16/2012 05:00
CK: 6693 CT: 267090 BH: 1318988
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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