FILED EFFECTIVE



Signature\_

Typed Name: AMY HANSON

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY | 1 MOV | 8 AM 9: 37

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THE HAIL		NERAL SPECIALTIES, LLC	- <i>9i                                   </i>
	nplete street and mailing	addresses of the initia	
25 JANA (Street Add	A LANE, SANDPOINT, ID 838 dress)	804	
(Mailing A	ddress, if different than street addres	ss)	
The nan	ne and complete street a	address of the registere	ed agent:
GLENN	MACDONALD		NDPOINT, ID 83864
(Name)		(Street Address)	
The nan	me and address of at lea	st one member or mar	nager of the limited liability
compan	ıy:		- 44
	iy: <u>Name</u>		Address
compan	•	25 JANA LANE, SA	Address NDPOINT, ID 83864
GLENN	Name		
GLENN	MACDONALD		NDPOINT, ID 83864
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IDAMO SECRETARY OF STATE
11/18/2011 05:00
CK: 5706 CT: 183379 BH: 1298593
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