FILED EFFECTIVE



Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 SEP 12 AM 9: 16

OF T	(Instructions on back	of application)	SECRE BY OF STATE
1.	The name of the limited liability com	npany is:	STATE OF IDAHO
	Ash	er Enterprises, Ll	_c
2.	The complete street and mailing add 1952 East 12th Avenue, #23, Post Falls (Street Address)		nitial designated/principal office:
	(Mailing Address, if different than street address)		***************************************
2			
ა .	The name and complete street address of the registered agent:		
	Martha J. Hallock 1952 East (Name)	12th Avenue (Street Address)	, #23, Post Falls, ID 83854
4.	The name and address of at least one member or manager of the limited liability company:		
	Name		Address
	Martha J. Hallock	1952 East 12th	Avenue, #23, Post Falls ID 83854
5.	Mailing address for future correspon 1952 East 12th Avenue, #23, Post Falls	•	report notices):
6.	Future effective date of filing (option	al):	
_	nature of a manager, member or son.	authorized	
•	nature Martha Hallach		Secretary of State use only
_	ed Name: Martha J. Hallock		
Sig	nature		

IDAHO SECRETARY OF STATE
09/12/2011 05:00
CK: 11249 CT: 262344 BH: 1289924
1 0 188.00 = 100.80 ORGAN LLC # 2

W106599