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			10 JUL -6 AM 9:06
WE OV	(Instructions on back	of application)	SECRETARY OF STATE STATE OF IDAHO
1. The nam	ne of the limited liability com	npany is:	STATE OF IDAHO
	Misc	chievous Moose, LLC	A-147 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
2. The corr	plete street and mailing add 323 S. Boye	dresses of the initial desig er Ave. Sandpoint, ID 83864	gnated/principal office:
(Street Add	dress)		
(Mailing Ac	Idress, if different than street address)		anna an ann an Anna ann an Anna ann an Anna ann an Anna an Anna an Anna an Anna Anna Anna Anna an Anna an Anna
3. The nam	ne and complete street addre	ess of the registered age	nt:
(Name)	Wendi L Shveyda	323 S. Boyer Ave. Sandpoint, ID 83864 (Street Address)	
		· ,	
4. The nam company	e and address of at least or	ne member or manager o	f the limited liability
	<u>Name</u> Wardi I. Shuavda	Address	
-###\$#################################	Wendi L Shveyda David M. Sedlak	323 S. Boyer Ave. Sandpoint, ID 83864	
			Sandpoint, ID 83864
5. Mailing a	address for future correspon 323 S. Boye	dence (annual report not er Ave. Sandpoint, ID 83864	ices):
6. Future e	ffective date of filing (optiona	al):	Variation and a second s
acting in behalf Signature Typed Name Signature			Secretary of State use only IDAHO SECRETARY OF STATE
Typed Name	David M. Sedlak	g kanpiler	CK: 3710255787 CT: 249392 BH: 1 0 100.06 = 100.00 ORGAN LL 1 0 20.00 = 20.00 EXPEDITE