

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

MAR -5 PM 1:33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

LOST BAY, LLC

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

212 W. Ironwood Dr, Suite D #321. Coeur d'Alene, ID 83814

(Street Address)

(Mailing Address, if different than street address)

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

Idaho Registered Agent

(Name)

1900 NW BLVD STE 106A Coeur d'Alene, ID 83814

(Street Address)

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

Name**Address**Jeremy Riggs212 W. Ironwood Dr Suite D #321. Coeur d'Alene, ID 83814The Badgwell Living Trust212 W. Ironwood Dr Suite D #321. Coeur d'Alene, ID 83814

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

212 W. Ironwood Dr, Suite D #321. Coeur d'Alene, ID 83814

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: MARSHA SIHA

Signature _____

Typed Name: _____

Secretary of State use only

IDahoLLC form 1001, 07/2008

IDAHO SECRETARY OF STATE

03/05/2015 05:00

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