251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 MAY 11 AM 8: 48

(Instructions on back of application)

SECRETARY OF STATE

(mandones)	STATE OF IDAHU
The name of the limited liabili	
	COA Group, LLC
. The complete street and maili	ing addresses of the initial designated/principal office: ENE ID 83814
(Street Address) P. O. BOX 72, POST FALLS ID 8:	3877
(Mailing Address, if different than street and complete street	et address of the registered agent:
DANIEL TREEND	513 W APPLEWAY, COEUR d'ALENE ID 83814
(Name) SEASON	(Street Address)
The name and address of at l	least one member or manager of the limited liability
company: Name	Address
DANIEL TREEND	P. O. BOX 72, POST FALLS ID 83877
ROYSCHONS	P. O. BOX 72, POST FALLS ID 83877
er teg ver til verge	
region Distriction of the second of the seco	respondence (annual report notices):
P. O. BOX 72, POST FALLS ID 8:	
Har age dies soon ook	
. Future effective date of filing	(optional):
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ignature of a manager, memberson.	
	Secretary of State use only
gnature	
/ped Name: ROY SCHONS	
ignature	TRAILA APRAPTANU AP ATATP
yped Name:	UK: 6/5159 U: 1/2899 891: 12
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