

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

10 NOV -4 AM 8: 35

(Instructions on back of application)

1. The name of the limited liability of	sompany is: SECRETARY OF STATE STATE OF IDAHO
DH and <u>LEM Frvestment L</u>	LC
2. The complete street and mailing a	addresses of the initial designated/principal office:
47 S. Kokanee Park Loop,	Priest Lake, Idaho 83856
(Street Address)	>
(Mailing Address, if different than street address	3)
3. The name and complete street ad	ddress of the registered agent:
Lynne E. Miller	same as above
(Name)	(Street Address)
Lynne E. Miller	47 S. Kokanee Park Loop, Priest Lake, Idaho 83856
5. Mailing address for future corresponding same as above	pondence (annual report notices):
6. Future effective date of filing (opt	tional):
Signature of a manager, member	or authorized
person.	Secretary of State use only
Signature fyna 7 Will	
Typed Name: <u>Lynne F Miller</u>	
Signature June Miller	IDAHO SECRETARY OF STATE CK 686368266
Typed Name: Lynne E. Miller	UKGAN LLČ

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