



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

2014 NOV -3 AM 9:43

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CSR Management, LLC

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

2312 N Rawhide Ridge Rd Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Carl Lovick

(Name)

2312 N Rawhide Ridge Rd Post Falls ID 83854

(Street Address)

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

NameAddress

Sherri Lovick

2312 N Rawhide Ridge Rd Post Falls ID 83854

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

2312 N Rawhide Ridge Rd Post Falls ID 83854

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Carl Lovick

Signature

Typed Name: Sherri Lovick

Secretary of State use only

IDAHO SECRETARY OF STATE

11/03/2014 05:00

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