

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2815 MAY - 1 AM 10: 42

The complete street and mailing address 811 Main St. #120/P.O. Box 1661 Lewiston, (Street Address) (Mailing Address, if different than street address) The name and complete street address Jeff Nichols (Name)	, ID 83501
(Mailing Address, if different than street address) The name and complete street address Jeff Nichols	811 6th Avenue Lewiston, ID 83501
Jeff Nichols	811 6th Avenue Lewiston, ID 83501
Jeff Nichols	811 6th Avenue Lewiston, ID 83501
(Name)	(Street Address)
company:	e member or manager of the limited liability
<u>Name</u> Justin Finney	Address 111 Main St. #120 Lewiston, ID 83501
Mailing address for future corresponder P.O. Box 1661 Lewiston, ID 83501	ence (annual report notices):
. Future effective date of filing (optional	i):
ignature of a manager, member or a erson.	authorized
^ - ^ .	Secretary of State use only
gnature Justin Finney	IDAHO SECRETARY OF STATE 05/01/2015 05:00 CK:2002 CT:209970 BH:147355 16 100.00 = 100.00 ORGAN LLC
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