

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 28 PM 12: 50

SECRETARY OF STATE STATE OF IDAHO

10	Oth and Mullan L.L.C.
	Idresses of the initial designated/principal office:
(Street Address)	x 1075 Post Falls ID, 83877
	bin Rd Post Falls ID 83877
(Mailing Address, if different than street address)	
The name and complete street add	ress of the registered agent:
George Hughes	1886 N Corbin Rd. Post Falls ID 83854
(Name)	(Street Address)
The name and address of at least of company: Name	one member or manager of the limited liability Address
George Hughes	P.O. Box 1075 Post Falls ID 83877
Mailing address for future correspo	ndence (annual report notices):
P.O. Bo	ox 1075 Post Falls ID 83877
Future effective date of filing (optio	nal):
gnature of organizer(s). (An organizer is	a mambar ar is
ting in behalf of a member or members).	a member, or is
	Secretary of State use only
gnature //w	PG
ped Name: George Hughes	g
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