

Typed Name: ___

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 30 AM 8: 28

. The name of the limited liability com	npany is:	SECRETARY OF STATE STATE OF IDAHO
Big Riv	er Designs & More, LLC	VII
The complete street and mailing add	dresses of the initial of	lesignated/principal office:
940 Center Av	venue, St. Maries, Idaho	83861
(Street Address)		
(Mailing Address, if different than street address)		
The name and complete street address	ess of the registered	agent:
Mary Beth Humphrey	85 Aurora Drive	e, St. Maries, Idaho 83861
(Name)	(Street Address)	
. The name and address of at least or company:	ne member or manaç	•
Name	Address 85 Aurora Drive, St. Maries, Idaho 83861	
Mary Beth Humphrey	85 Aurora Drive	e, St. Manes, Idano 6366 I
		· · · · · · · · · · · · · · · · · · ·
i. Mailing address for future correspon	dence (annual report	notices):
•	venue, St. Maries, Idaho	•
i. Future effective date of filing (option	al):	
ignature of organizer(s). (An organizer is a	member, or is	
cting in behalf of a member or members).		Secretary of State use only
ignature MOOR CAN YUUG	byed)	
yped Name: Mary Beth Humphrey		
, pour dans.	LC formsteart, org. Rc. Pull) 0772008	
ionature	LC for 07/200	IBAND SECRETARY OF STAT

W 83589