

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

12 hands an 9:11

<u> </u>		k of application)
	(Instructions on back	K of application)
1. The	name of the limited liability co	mpany is:
	Gre	ase Professionals LLC
2. The	complete street and mailing ac	ddresses of the initial designated office:
	7 S Kindred Trail	•
	et Address)	
	eur d Alene, ID 83814 ling Address, if different than street address)	
•	name and complete street add	tress of the registered agent:
Lou	is St Louis	2377 S Kindred trail, CdA, ID 83814
(Na		(Street Address)
	pany: <u>Name</u>	<u>Address</u>
Lou	is M St Louis	2377 S Kindred Trail, CdA, ID 83814
Jar	nie R St Louis	2377 S Kindred Trail, CdA, ID 83814
		
<u> </u>		
 5. Mai	ling address for future correspo	ondence (annual report notices):
	ling address for future correspo	ondence (annual report notices):
	"	ondence (annual report notices):
237	"	
237	77 S Kindred Trail, CdA, ID 83814	
237 6. Fute	77 S Kindred Trail, CdA, ID 83814 ure effective date of filing (option	onal):
237 6. Fute	77 S Kindred Trail, CdA, ID 83814	onal):or authorized
237 6. Fute Signatu person.	r7 S Kindred Trail, CdA, ID 83814 ure effective date of filing (options of a manager, member of	onal):
237 6. Futo Signatu person. Signatu	re of a manager, member of	onal):or authorized
237 6. Futo Signatu person. Signatu	r7 S Kindred Trail, CdA, ID 83814 ure effective date of filing (options of a manager, member of	onal):or authorized
237 6. Futo Signatu person. Signatu Typed N	re Skindred Trail, CdA, ID 83814 ure effective date of filing (option of a manager, member of the large state of the large sta	Secretary of State use only IDANO SECRETARY OF STATE
237 6. Futo Signatu person. Signatu Typed N	re of a manager, member of	Secretary of State use only IDANO SECRETARY OF STATE

WU2504

cert_org_lic Rev. 07/2010