



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JAN -9 AM 8:50

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Team Meyers LLC

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

1807 Burrel Ave, Lewiston, ID 83501

(Street Address)

(Mailing Address, if different than street address)

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

Tami Meyers

(Name)

1807 Burrell Ave, Lewiston, ID 83501

(Street Address)

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

Name

Address

Tami Meyers

1807 Burrel Ave, Lewiston, ID 83501

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

1807 Burrell Ave, Lewiston, ID 83501

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Tami Meyers

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/09/2015 05:00

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