



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 MAY 11 AM 9:00  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

POST FALLS SERVICES, LLC.

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

304 N. Greensferry Road #204, Post Falls Idaho 83854

(Street Address)

(Mailing Address, if different than street address)

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

Fran Levine

(Name)

304 N. Greensferry Road, Post Falls Idaho, 83854

(Street Address)

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

**Name**

**Address**

Fran Levine

304 N. Greensferry Road #204, Post Falls Idaho 83854

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

304 N. Greensferry Road #204, Post Falls Idaho 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Fran Levine

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/11/2012 05:00  
CK: 1010 CT: 270309 BH: 1323023  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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