



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP -2 PM 3:34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BestLeather.org, LLC

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

1190 Elderberry Circle

(Street Address)

Coeur d'Alene, ID 838315

(Mailing Address, if different than street address)

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

Timothy Kastning

(Name)

1190 Elderberry Circle, Coeur d'Alene, ID 83815

(Street Address)

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

Name

Address

Timothy Kastning

1190 Elderberry Circle Coeur d'Alene, ID 83815

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

1190 Elderberry Circle Coeur d'Alene, ID 83815

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Timothy Kastning

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE

Secretary of State use only
09/02/2014 03:00

CK:1026 CT:250525 BH:1439681
1@ 100.00 = 100.00 ORGAN LLC #2

W141755