



# **CERTIFICATE OF ORGANIZATION** **LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

(Instructions on back of application)

10 OCT -1 PM 4:30

1. The name of the limited liability company is:

R.E.D Level LLC

SECRETARY OF STATE  
STATE OF IDAHO

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

2642 E GreyStone Ct  
(Street Address)

Eagle, ID 83616  
(Mailing Address, if different than street address)

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

Michael Paul Daniels  
(Name)

2642 E GreyStone Ct  
(Street Address)  
Eagle ID 83616

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

Michael P Daniels  
Name

"  
Address

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

" "

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Michael P Daniels  
Typed Name: Michael P. Daniels

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
 10/01/2010 05:00  
 CK: 522422 CT: 172899 BH: 1241454  
 1 @ 100.00 = 100.00 ORGAN LLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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