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CERTIFICATE OF ORGAN	MPANY
(Instructions on back of applica	
1. The name of the limited liability company is:	SECRETARY OF STATE STATE OF IDAHO
Local Brew	
2. The complete street and mailing addresses of	f the initial designated/principal office:
6282 N. Government Way, Da	alton Gardens, ID 83815
(Street Address) 426 N. Bey Street, Pos	st Falls, ID 83854
(Malling Address, if different than street address)	
3. The name and complete street address of the	e registered agent:
Carol A. Goodman 71	10 S. Widgeon St., Post Falls, ID 83854
(Name) (Street Add	
 The name and address of at least one member company: 	er or manager of the limited liability
Name	Address
Carol A. Goodman 71	10 S. Widgeon St., Post Fails, ID 83854
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5. Mailing address for future correspondence (ar Local Brew, 426 N. Bay St.,	· -
6. Future effective date of filing (optional):	
	ф.,
Signature of organizer(s). (An organizer is a member, or	ф.,
	ф.,
Signature of organizer(s). (An organizer is a member, or acting in behalf of a member or members). Signature	ris
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-5