

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE Z012 NAR 22 AM 10: 28

(Instructions on back of application)

	(III3ti dottoria o	T back of application,	SEOPETAGE OF ALL
1. The na	ame of the limited liabil	ity company is:	SECHETAVE OF STATE STATE OF IDAHO
		Tufflift, LLC	Anne Or IOSHO
	omplete street and mail Shore Cove, Post Falls, ID 8	•	l designated/principal office:
PO B	Address) ox 1690, Hayden, ID, 83835 o Address, if different than street ac		
•		et address of the registere	d agent:
Steph (Name)	en B McCrea	608 Northwest Blvd.,	Ste 101, Coeur d'Alene, ID 83814
(Name)	(Street Address)	÷
4. The na		east one member or man	ager of the limited liability
Timot	hy Volking	PO Box 1690, Hayde	
	<u>, </u>		
		<u></u>	
			-11
•	_	respondence (annual repo	oπ notices):
PO B	ox 1690, Hayden, ID 83835		
6. Future	e effective date of filing	(optional):	
		•	
Signature	of a manager, memi	ner or authorized	
person.	or a managor, monn		
p-1-011.	12/	1 12	Secretary of State use only
Signature _d	. Im [][]	selli	
- 4	me: Timothy Volking		
i ypeu ivai	ing.		
Signature			IDAHO SECRETARY OF STATE
			03/22/2012 05:00 CK: 2069 CT: 151431 BH: 13163
Typed Nai	me:		1 9 189.08 = 108.00 ORGAN LLC