



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 AUG -3 AM 8:58

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Mather Ct, LLC

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

201 S Hemlock Ct., Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Aaron J. Armstrong

(Name)

201 S Hemlock Ct., Post Falls, ID 83854

(Street Address)

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

Name

Address

Aaron J. Armstrong

201 S Hemlock Ct., Post Falls, ID 83854

Kathleen J. Armstrong

201 S Hemlock Ct., Post Falls, ID 83854

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

201 S Hemlock Ct., Post Falls, ID 83854

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

Signature of a manager, member or authorized person.

Signature Aaron J. Armstrong

Typed Name: Aaron J. Armstrong

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/03/2015 05:00

CK:9840 CT:103679 BH:1486414

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