

## CERTIFICATE OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY JUN 20 AM 10: 18

	(Instructions on bac	sk of application)  SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability or	
	Emerson Enterprises, LLC	
2.	The complete street and mailing a 1721 W Grange Ave., Post Falls, ID 83	ddresses of the initial designated office:
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Greg Emerson	1721 W Grange Ave., Post Falls, ID 83854
	(Name)	(Street Address)
4.	The name and address of at least company:	one member or manager of the limited liability
	Name Con Transaction	Address 1704 MAC 1704
	Greg Emerson	1721 W Grange Ave., Post Falls, ID 83854
		<del></del>
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5.	Mailing address for future correspondent 1721 W Grange Ave., Post Falls ID 838	•
	772. W Change 7444, 1 0317 2113 12 000	
6.	Future effective date of filing (option	onal):
	nature of a manager, member o	or authorized
per	son.	Secretary of State use only
Sig	nature (	
Тур	ed Narse: Steg Emerson	
Sic	nature	
•	nature ed Name:	
- 114		IDAHO SECRETARY OF STATE 96/20/2013 05:00
14.72		cent arm He Rev. 07/2010 CK: 1446464 CT: 172999 BH: 1378844

1 9 199.00 = 160.00 ORGAN LLC # 2 1 9 20.00 = 20.00 EXPEDITE C # 3

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