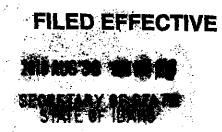


Signature:

Rev. 01/2018

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.



The name of the limited liability company is:

(Remember to include the words "Limited Lie The complete street and mailing addresse 725 PARK DR, ST MARIES, ID 8386" (Street Address)	
725 PARK DR, ST MARIES, ID 8386	
(Street Address)	
Annual and Annual Annua	
(Mailing Address, if different)	
The name and complete street address of	f the registered agent:
STEPHANIE McALISTER	1118 E INDIANA AVE, COEUR D ALENE, ID 83814
(Name)	(Address)
The name and address of at least one go	vernor of the limited liability company:
REESE A ADAMS	725 PARK DR, ST MARIES, ID 83861
(Name)	(Address)
Mailing address for future correspondence	e (annual report notices):
725 PARK DR, ST MARIES, ID 8386	1
(Address)	
ature of organizer(s).	
ed Name: REESE A. ADAMS	Secretary of State use only
ature: Recar A faker	IDAHO SECRETARY OF STATE 08/30/2018 05:00 CK:1837 CT:362701 BH:166155 16 100.00 = 100.00 ORGAN LLC
ed Name:	10 20.00 = 20.00 EXPEDITE C

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