

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in <u>duplicate</u>.

FILED EFFECTIVE

2017 AUG 15 PM 3: 44

SECRETARY OF STATE STATE OF IDAHO

The complete street and mailing a	ddresses of the principal office is:
4752 W. Riverbend Avenue, Post	Falls, Idaho 83854
Street Address)	
Mailing Address, if different)	
The name of the registered agent	and the street address of the registered agent:
D. John Thornton	3101 W. Main, Suite 200, Boise, Idaho 83702-2099
Name)	(Address cannot be a post office box or postal mail box.)
Donald W. Jacklin, Manager Name) Thomas P. Stoeser, Manager Name)	4752 W. Riverbend Avenue, Post Falls, Idaho 83854 (Address) 4752 W. Riverbend Avenue, Post Falls, Idaho 83854
name)	(Address)
Name)	(Address)
Name)	(Address)
Mailing address for future corresp	ondence (annual report notices):
	ldaho 83702-2099

W187728

10AHO SECRETARY OF STATE 08/15/2017 05:00

CK:2301 CT:44531 BH:1598464 10 100.00 = 100.00 ORGAN LLC #2

Signature: __

Signature:_

Printed Name: -

Printed Name: Joshua G. Hillyard, Organizer