

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 JUN 16 AM 8: 46

The name of the limited liability compa	any is: SECHETARY STATE OF
The complete street and mailing addre	esses of the initial designated office:
(Street Address)	
Post Falls, ID 83854 (Mailing Address, if different than street address)	
The name and complete street address	s of the registered agent:
Steve Scammell 5	515 S Idaho St, Post Falls, ID 83854
(Name) ((Street Address)
. The name and address of at least one company:	member or manager of the limited liability
	515 S Idaho St, Post Falls, ID 83854
5. Mailing address for future corresponde	ence (annual report notices):
515 S Idaho St., Post Falls	, ID 83854
Future effective date of filing (optional)):
	odlar 2 and
signature of a manager, member or au erson.	utnorized
4	I BANGA YEE RIPLAND ON STA
signature Mr Som	06/16/2015 05:0 CK:22785776291 CT:311405 B
yped Name: Steve Scammell	10 100.00 = 100.00 ORGAN
Signature	
yped Name:	\N152925

W152935