





Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED**

PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0006225952

Date Filed: 4/30/2025 5:01:27 PM

| Certificate of Organization Limited Liability Compa Select one: Standard, Expedited or S descriptions below) | | Expedited (+\$40; filing fee \$140) | |
|--|---|--|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | TRUE NORTH CAPTAIN LLC | |
| 2. The complete street address of the principal of | ice is: | | |
| Principal Office Address | | 1104 E FRONT AVE | |
| | | COEUR D ALENE, ID 83814 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | 1104 E FRONT AVE COEUR D ALENE, ID 83814-4020 | |
| | | GOLON B ALLINE, IB 03014-4020 | |
| 4. Registered Agent Name and Address | | NODELIMECT DECICEDED ACENT II O | |
| Registered Agent | | NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent | |
| | | Physical Address | |
| | | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| | | Mailing Address | |
| | | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| ☑ I affirm that the registered agent a | ppointed has consented | I to serve as registered agent for this entity. | |
| 5. Governors | | | |
| Name | Address | | |
| Jackson Call | 1104 E FRONT AVE COEUR D ALENE, ID 83814 | | |
| Signature of Organizer: | | | |
| Christopher Rhode | | 04/30/2025 | |
| Sign Here | | Date | |