

Typed Name: \_\_\_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 APR 27 AM 8: 18

(Instructions on back of application)

SECRETARY OF STATE

I. The name of the li	mited liability compa	ny is:	STATE OF IDAHO
	R&MR	EAL ESTATE, LLC	
2. The complete street			esignated/principal office:
(Street Address)	720 W. Boone, Sun	e 200, Spokane, WA	99201
(Sueer Address)	720 W. Boone, Sui	te 200, Spokane, WA	99201
(Mailing Address, if differe	nt than street address)		
. The name and con	nplete street address	of the registered a	igent:
Mary K. Russell		306 Maple Street, Kellogg, ID 83837	
(Name)		Street Address)	
company:  Name  Robert Russell			Address H203, Spokane, WA 99202
<u>name</u> Robert Russell		639 N. Riverpoint, # H203, Spokane, WA 99202	
Mary K. I	Russell	639 N. Riverpoint, #	H203, Spokane, WA 99202
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	future corresponder		
c/o Steven O. Ande	erson, Stamper Rubens, I	7.S., 720 W. Boone, St	uite 200, Spokane, WA 99201
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i. Future effective da	te of filing (optional):		
ignature of organizer(s		mber, or is	•
cting in behalf of a membe	er or members).	4.2	Secretary of State use only
ignature / Recy	* Dus	ell !	
yped Name:	Mary K. Russell	- 20	
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