FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 JUN 10 AM 8: 50

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited li	iability company is: STATE OF IDAHO
	Retail Therapy 101 LLC.
2. The complete street and r	mailing addresses of the initial designated/principal office:
	1584 Bobwhite Ln
(Street Address)	Post Falls, ID 83854
(Mailing Address, if different than str	
3. The name and complete s	street address of the registered agent:
Lindsay Gorton	1584 Bobwhite Ln. Post Falls, ID 83854
(Name)	(Street Address)
4. The name and address of company:	f at least one member or manager of the limited liability
Name	Address
Lindsay Gorton	1584 Bobwhite Ln. Post Falls, ID 83854
Judson "Wes" Gorto	on 1584 Bobwhite Ln. Post Falls, ID 83854
5. Mailing address for future	correspondence (annual report notices):
	1584 Bobwhite Ln. Post Falls, ID 83854
6. Future effective date of fili	ing (optional):
Signature of organizer(s). (An o	
acting in behalf of a member or men	Secretary of State use only
Signature Indoau	Gordon !
Typed Name:Linds	ay Gorton Secretary OF STATE
Signature J. W. J.	Sorton INAMO SECRETARY OF STATE OF STA
	on Gorton W84590