

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP 18 PM 4: 04

	he name of the limited liability com	pany is:			STATE OF IDAHO	
( <del>)</del> I	he complete street and mailing add 1055 Fontaine Drive, Postreet Address) PO Box 707 Ponderay, ID 83852 Mailing Address, if different than street address)			_	d office:	
3. Th	The name and complete street address of the registered agent:					
_	Lori M. Cometto Name)	430 Strawberry Creek Rd. Sandpoint ID 83864 (Street Address)				
	he name and address of at least on ompany:	ne member o	· manag	er of the	limited liability	
ι	Name Lori M. Cometto	Address 430 Strawberry Creek Rd. Sandpoint, ID 83864				
- 1 -	Phomas Cometto	430 Straw	berry	Creek 1	Rd Sandpoint, 83864	ID 
- 5 M	ailing address for future correspond	dence (annus	al report	· notices):		<del></del>
	PO Box 707 Ponderay, ID 8385 2					
6. Fu	uture effective date of filing (options	al):				
Signa persor	ture of a manager, member or	authorized				
Signat	And H		Secretary of State use only  10AHO SECRETARY OF STATE  09/18/2014 05:00  CK:713452 CT:288731 BH:1441  10 100.00 = 100.00 ORGAN LLC			0 L44187
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(4)192354

Typed Name: