



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2014 AUG 15 AM 8:55

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Muir Expressions LLC

2. The complete street and mailing addresses of the initial designated office:

116 Grays Lake Road
(Street Address)

Wayan ID 83285
(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Lori Ann Muir
(Name)

116 Grays Lake Road
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Lori Muir
Name

116 Grays Lake Rd.
Address

5. Mailing address for future correspondence (annual report notices):

116 Grays Lake Road Wayan, Idaho 83285

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Lori Muir

Typed Name: Lori Muir

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/15/2014 05:00

CK:890 CT:300106 BH:1437438

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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