

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

The name of the limited liability company is:



(Remember to include the w	rords "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and mai	iling addresses of the principal office is:
6426 E. Maplewood Avenue	, Post Falls, ID 83854-6898
(Street Address)	\(\text{\tint{\text{\tint{\text{\tin\text{\texi}\text{\text{\texit{\text{\texi}\titt{\text{\texi}\text{\text{\text{\text{\text{\tex{
(Mailing Address, if different)	<del></del>
The name of the registered a	igent and the street address of the registered agent:
HOWARD L. RUDE	6426 E. Maplewood Avenue, Post Falls, ID 83854-6898
Name)	(Address cannot be a post office box or postal mail box.)
FL	
	least one governor of the limited liability company:
HOWARD L. RUDE	6426 E. Maplewood Avenue, Post Falls, ID 83854-6898
valle)	(Address)
Name)	(Address)
Name)	(Address)
Name)	(Address)
	(
Mailing address for future cor	respondence (annual report notices):
6426 E. Maplewood Avenue,	Post Falls, ID 83854-6898
(Address)	<del></del>
ture of organizer(s).	

Printed Name: HOWARD L. RUDE

Signature:\_\_\_\_

Printed Name: --

IDAHO SECRETARY OF STATE 04/01/2016 05:00

CK:159455 CT:4260 BH:1521660 16 100.00 = 100.00 ORGAN LLC #2

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