

Signature 1

Typed Name: NATALIE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC 23 AM 9: 0

1.	The name of the limited liability con	npanv is:		SECHEIMAY OF STATE OF IDAHO
Cook/Keese Family, LLC				
2.	2. The complete street and mailing addresses of the initial designated/principal office: 5618 Waverly Loop, Hayden Lake, Idaho 83835 (Street Address)			
	<u> </u>			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Michael P. Keese	5618 Waverl	y Loop, Hayden Lake, ID	83835
	(Name)	(Street Address	s)	
4.	The name and address of at least one member or manager of the limited liabilit company:			
	Name		<u>Address</u>	
	Michael P. Keese, Trustee of the	5618 Waver	y Loop, Hayden Lake, ID	83835
	Michael P. Keese Living Trust U/A			
	03/22/05			
		······································		
	NATALIE A. Keese	423 MIL	stacy Or, Courd	'Alove Id 83815
5. Mailing address for future correspondence (annual report notices): 5618 Waverly Loop, Hayden Lake, ID 83835				
6. Future effective date of filing (optional):				
Signature of a manager, member or authorized person. Secretary of State use only				
Cin	nature Planter Pfu		Georgia VI	Grape use orny
	ped Name: Michael P. Keese, Trustee			
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IDANO SECRETARY OF STATE

12/23/2011 05:00

CK: 1482 CT: 267251 BH: 1363833
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