

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 DEC 26 AM 8:51

(Instructions on back of application)

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1. The nam	e of the limited liabilit	ty company is:	SECRETAL OF STATE STATE OF IDAHO
JK 900, I		y company ic.	
			initial designated office:
	piete street and mailir d Ave., Post Falls, Idaho 8	_	initial designated office:
(Street Add			
			· · · · · · · · · · · · · · · · · · ·
_	dress, if different than street add		-4
3. The nam	e and complete street	t address of the regi	stered agent:
Sharon S	Sorenson	311 E 3rd Ave., Post Falls, Idaho 83854	
(Nапе)		(Street Address)	
4. The nam company		east one member or	manager of the limited liability
	<u>Name</u>		<u>Address</u>
Sharon S	Sorenson	311 E 3rd Ave.	, Post Falls, Idaho 83854
. Mailing a	address for future corre	espondence (annua	report notices):
_	d Ave., Post Falls, Idaho 8	•	
. Future e	ffective date of filing (optional).	
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