

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

TI JAN 10 PM 12: 46

SECRETARY OF STATE

	(Instructions on back	k of application) STATE OF IDAH
1. The name of	the limited liability con	mpany is:
		Three Keyes, LLC
	e street and mailing ad Kelley, Davenport & Toole,	dresses of the initial designated/principal office:
	t Blvd., Suite 300, Coeur d'	Alene, ID 83814
	if different than etreet address)	
		ress of the registered agent:
(Name)	ley, Davenport & Toole, P.S.	608 Northwest Blvd,Ste. 300, Coeur D'Alene, ID 83814 (Street Address)
The name an company:	d address of at least o	ne member or manager of the limited liability
	<u>Name</u>	Address
J. Travis Prewi	lt	P.O. Box 459, Liberty Lake, WA 99019
_	ss for future correspond t, P.O. Box 459, Liberty Lai	dence (annual report notices): ke, WA 99019
. Future effectiv	e date of filing (options	af):
•	anager, member or a	authorized
erson.	<u></u>	Secretary of State use only
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gnature J. Tr	avis Prewitt, Member	

IDAHO SECRETARY OF STATE 91/11/2011 95:00 CK: 6862 CT: 24485 BH: 1254631 1 9 188.00 = 188.00 ORGAN LLC # 2

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