

Signature <u>M</u>

Typed Name: Michelle Anderson

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

	LIMITED LIADILITY COMPANY		"IVE	
	(Instructions on back of application)	SECT.	53	
1.	The name of the limited liability company is:	SECRETALY OF STA STATE OF IDAHO	77-	
	Anderson & Hoover, LLC	UF IDAHO		
2.	The complete street and mailing addresses of the initial designated/principal office:			
	1207 Michigan St, Ste A (Street Address)	Scendpoint 1	D 839164	
	(Street Address)  Some  (Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	san Michigan St. Sto. A			
	Michelle Anderson Scand point (Name) (Street Address)	1D 85864		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name	ddress		
	Jane Hoover 1083 Robinson 5	b. Theof Kures		
		<u></u>	856	
	Michelle Anderson 218 Colbum Cerlo	erld Sandpoin	作, ①	
		<u> </u>		
_				
<b>5</b> .	Mailing address for future correspondence (annual report notices):  1207 Michigan St., Ste A. Sandpoint 1D 83864			
	1207 Michigan St, Ste A Sa	odpoint, 11) o	3004	
6. Future effective date of filing (optional):				
_	nature of a manager, member or authorized son.			
·		Secretary of State use only		
Signature to Me Mosell				
Typed Name: JAne Hoover				

IDAHO SECRETARY OF STATE 02/23/2011 05:00 CK: 1334 CT: 255770 BH: 1261103 1 9 100.00 = 100.00 ORGAN LLC # 2

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