

Typed Name:

Typed Name:

Signature_

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG -1 AM 8: 42

109 Lin (Street Address)	coln Ave, Priest River ID, 83856
(Mailing Address, if different than street address	s)
The name and complete street a	ddress of the registered agent:
Shawn M. Coldiron	109 Lincoln Ave, Priest River ID 83856
(Name)	(Street Address)
The name and address of at leas company: <u>Name</u>	st one member or manager of the limited liability Address
Shawn M. Coldiron	109 Lincoln Ave, Priest River ID 83856
:	
•	pondence (annual report notices): ncoln Ave, Priest River ID 83856
Future effective date of filing (opt	tional):
ature of organizer(s). (An organizer	is a member, or is

C. Wade Coldiron

IDAHO SECRETARY OF STATE 08/01/2008 05:00 CK: 2178 CT: 195687 BH: 1129869 1 8 100.00 = 100.00 ORGAN LLC # 2

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