

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

S. Dept.	(ITISTITUCTIONS ON DACK	or application)	121 7 Jun 20 9 15
1.	The name of the limited liability com	npanv is:	the state with the At 189
	•	PROPERTIES, L	rc SELL MOUNTE
2.	2. The complete street and mailing addresses of the initial designated office: 5980 E COMMERCE LOOP POST FALLS, IDAHO 83854		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	he name and complete street address of the registered agent:		
	SHANNON HORN	5980 E COMM	ERCE LOOP POST FALLS, ID 83854
	(Name)	(Street Address)	
The name and address of at least one member or manager of the limit company:			manager of the limited liability
	Name		Address
ART HUNOT, MEMBER PO BOX 478 GOLETA, CA 93116		OLETA, CA 93116	
	SHANNON HORN, MEMBER	5980 E COMM	ERCE LOOP POST FALLS, ID 83854
	GUY CLANCY, MEMBER	4503 WOODLA	ND DR POST FALLS, ID 83854
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5.	Mailing address for future correspon	dence (annual	report notices):
	5980 E COMMERCE LOOP POST FALLS	S, ID 83854	·
6.	Future effective date of filing (option	al):	
_	nature of a manager, member or	authorized	
per	rson		Secretary of State use only
Sia	nature	-	
_	ped Name: MEMBER		
			IDAHO SECRETARY OF STATE
Sig	nature		03/30/2012 05:00 CK: 5540 CT: 241642 BH: 1317658
	ped Name:	1	1 0 100.00 = 100.00 ORGAN LLC 0 2
		1	·C-3

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