1		<u>A</u>
CERTIFICATE C LIMITED LIAB	F ORGANIZAT	20. <b>N</b>
(Instructions on back of application)		Store So AM
1. The name of the limited liabilit	y company is:	1977 OF OF 9.01
	K R Henderson LLC	DALSTATE
2. The complete street and mailir 1419 North Lincoln Street Post Fal (Street Address)	•	ial designated office:
(Mailing Address, if different than street add	<b>iress</b> )	
3. The name and complete street	address of the registe	red agent:
Ken Henderson	1419 N. Lin (Street Address)	coln St. Post Falls, JD 8385
4. The name and address of at k company: <u>Name</u> Ken Henderson		Address Post Falls Idaho 83854
5. Mailing address for future corr 1419 N. Lincoln St. Post Falls, Ida	•	port notices):
6. Future effective date of filing (		
Signature of a manager, memb person.	er or authorized	Secretary of State use only
Signature	20-	Contracty of Chart Hot City
Typed Name: Ken Handers		
Signature	1	IDANO SECRETARY OF STATE 06/20/2012 05 = 00 CK: 500291695 CT: 271616 BH: 1329058 1 0 100.00 = 100.00 Organ LLC # 2 1 0 100.00 = 100.00 Organ LLC # 2
		1 9 20.08 = 20.00 EXPEDITE C # 3
	cert_org_lic Rev. 07/2010	10114953