Typed Name: ______

FILED EFFECTIVE

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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAR 23 AM 10: 19

SECHETARY OF STATE STATE OF IDAHO (Instructions on back of application) 1. The name of the limited liability company is: ACKERMAN ALLIANCE, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 4730 N TROY ST, COEUR D ALENE, ID 83815-9226 (Street Address) (Mailing Address, if different than street address) The name and complete street address of the registered agent: 4730 N TROY ST, COEUR D ALENE, ID 83815-9226 AUSTIN ACKERMAN (Street Address) (Name) 4. The name and address of at least one member or manager of the limited liability company: <u>Address</u> <u>Name</u> 4730 N TROY ST, COEUR D ALENE, ID 83815-9226 AUSTIN ACKERMAN 4730 N TROY ST, COEUR D ALENE, ID 83815-9226 NATALIE ACKERMAN Mailing address for future correspondence (annual report notices): 4730 N TROY ST, COEUR D ALENE, ID 83815-9226 6. Future effective date of filing (optional): Signature of organizer(s), (An organizer is a member, or is acting in behalf of a member or members). Secretary of State use only Signature / Junta IDAHO SECRETARY OF STATE AUSTIN ACKERMAN Typed Name: ____ 03/23/2015 05:00 EK:2685254 CT:172099 BH:1467286 Signature _____ $\frac{38}{28}$ 6 100.00 = 100.00 ORGAN LLC #2

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