ş1			FILED
CE	RTIFICATE O	F ORGANIZATI	FILED EFFECTIV
	LIMITED LIAB	ILITY COMPAN	Y 2014 SEP -4 AM 8: 36
CONTRACTOR OF	(Instructions on back of application)		AM 8: 36
	e of the limited liability	STATE OF DESITE	
2. The comp	plete street and mailin Clover Drive, Sandpoint, I	g addresses of the initia ID 83864	I designated office:
(Mailing Ado	ress, if different than street add	ress)	······································
		address of the registere	d agent:
		•	·
Timothy L (Name)	Timothy Lyman 166 Red Clover Dr, Sandpoint, Name) (Street Address)		sanapoint, 10 83864
-	ddress for future corre Clover Dr, Sandpoint, ID 8	espondence (annual repo 386 4	ort notices):
6. Future eff	ective date of filing (o	ptional):	
Signature of person.	a manager, membe	er or authorized	Secretary of State use only
Signature	hanter		IDANO SECRETARY OF STATE
Typed Name:	Timothy Lyman		09/04/2014 05:00 CK:1253 CT:280711 BH:14398
Signal			CK(1253) CT(280711 BH(14398) C(100.00 = 100.00) ORGAN LLC 10(20.00 = 20.00) EXPEDITE C
Signature Typed Name:			-
	······································		W141769

cert_org_lic Rev. 07/2010