

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 FEB - 1 PH 12: 44

H	(instructions on pack	or application)	
1. The n	name of the limited liability con	npany is:	SECRETARY OF STATE OF IDAHO
	Inter	tribal Contractors, LLC	
. The c	ne complete street and mailing addresses of the initial designated/principal office:		
	214 1st Str	eet West, Lapwai, ID 83540	
(Street	( Address)	x 385, Lapwai, ID 83540	
(Mailir	ng Address, if different than street address)		
. The n	name and complete street addr	ess of the registered age	ent:
	Susan M. Lemons	241 J Webb Drive	a, Lapwai, ID 83540
(Name	9)	(Street Address)	
. The n	name and address of at least of	ne member or manager	of the limited liability
oomp	Name	Ad	idrass
	William N. Arthur	214 1st Street West, Lapwai, ID 83540	
Susan M. Lemons		241 J Webb Drive, Lapwai, ID 83540	
<del> </del>			
		·	
	•		
. Mailin	ng address for future correspon	dence (annual report no	tices):
	·	x 385, Lapwai, ID 83540	
Future	e effective date of filing (option	al):	
			•
-	of organizer(s). (An organizer is a half of a member or members).	member, or is	
	autial ma	10 8	Secretary of State use only
ignature		thur on the second	*
ped Na	me: William N. Arthur		
	(1100 700 )	4 8	

Susan M. Lemons

Typed Name:

IDAHO SECRETARY OF STATE

@2/01/2010 @5:00

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