

## CERTIFICATE OF ORGANIZATION

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\$ OF	(Instructions on back	of application)	SECRETARY OF STATE STATE OF IDAHO
1. The	name of the limited liability com	npany is:	STATE OF TELE
Sto	neDavid, LLC		
2. The	The complete street and mailing addresses of the initial designated office:		
	Creekside Lane, Sandpoint, ID 83864	1	
-	et Address) Box 1122, Sandpoint, ID 83864		
	ing Address, if different than street address)		
3. The	The name and complete street address of the registered agent:		
Rar	ndy McDougall	414 Creekside Lane, S	andpoint, ID 83864
(Nап	ne)	(Street Address)	
	pany: <u>Name</u> ndall McDougall	414 Creekside Lane, S	Address andpoint, ID 83864
⊤ra	vis Dieter	3001 Kelrose Lane, Sandpoint, ID 83864	
Jer	emy Kleinsmith	3 Bobcat Lane, Naples, ID 83847	
5. Maili	ng address for future correspon	dence (annual report	t notices):
PO	PO BOX 1122 Sandpoint ID 83864		
6. Futu	re effective date of filing (option	al):	
Signatur person.	re of a manager, member or	authorized	
			Secretary of State use only
Signatur			
Signatur	eame: Randy McDougall		10/10/2014 05:00 K:2591 CT:302030 BH:144
Signatur Typed N		16	10AHO SECRETARY OF STATI 10/10/2014 05:00 K:2591 CT:302030 BH:144 100.00 = 100.00 ORGAN

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