

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2013 OCT -9 PM 3: 43

V	(Instructions on b	pack of application) SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability	
	Cabin LL.C	
2.	The complete street and mailing addresses of the initial designated office:	
	105 S 6th Ste A, Coeur D' Alene, ID 83814	
	(Street Address)	
	(Mailing Address, If different then street address	ss)
3.	The name and complete street address of the registered agent:	
	All Day \$49 Idaho Registered Agent	105 S 6th Ste A, Coeur D' Alene, ID 83814
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	Don Raeder	PO Box 771, Greenacres, WA 99016
5.	Mailing address for future corresp PO Box 771, Greenacres, WA 99016	pondence (annual report notices):
3 .	Future effective date of filing (opt	ional):
Sigr ers	nature of a manager, member	or authorized
ign	ature on Charles	Secretary of State use only
уре	ed Name: Don Reeder	
ign	ature	IDAHO SECRETARY OF STATE
•	ed Name:	10/09/2013 05:00 CK: 1576563 CT: 172899 BH: 139339

1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

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