251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 SEP 17 PM 4: 20

	(Instructions o	on back of application)	SECRETARY OF STATE STATE OF IDAHO	
1. The name	e of the limited liability company is:		STATE OF IDAHO	
INJO, LL	<u>c</u>			
. The comp	olete street and mai	ling addresses of the initia	l designated office:	
	n Street, Bonners Ferry	, ID 83805		
(Street Addr 6872 Haz	ess) el Street, Bonners Ferr	v ID 83805		
	fress, if different than street a			
The name	and complete stre	et address of the registere	ed agent:	
Holt Law	Office, PLLC	618 N 4th Street, Co	eur d'Alene, ID 83814	
(Name)		(Street Address)		
company	: <u>Name</u>	least one member or man	Address	
Ingrid Spe	ears	6872 Hazel Street, B	6872 Hazel Street, Bonners Ferry, ID 83805	
Joseph L	affoon	2770 Rocky Draw, Troy, MT 59935		
6872 Haz	el Street, Bonners Ferry	respondence (annual repo y, ID 83805 (optional):	ort notices):	
. Palare en	ective date of himg	(optional):	<u> </u>	
gnature of	a manager, mem	ber or authorized		
_			Secretary of State use only	
gnature	Mayin D. Link			
ped Name:	Mevin P. Holt		IDAHO SECRETARY OF S	
ignatur e			09/17/2014 05:	
yped Name:			CK:PREPAID CT:3934 BH 16 100.00 = 100.00 DRG	

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9/21/2012

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