



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 JUL 19 AM 9:01

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

BURKE SYSTEMS, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

1800 E. Hayden Ave, Hayden Lake, ID 83835

(Street Address)

P.O. Box 2910, Hayden, ID 83835

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Lynn Burke

(Name)

1800 E. Hayden Ave, Hayden Lake, ID 83835

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Lynn Burke

1800 E. Hayden Ave, Hayden Lake, ID 83835

5. Mailing address for future correspondence (annual report notices):

P.O. Box 2910, Hayden, ID 83835

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: James M. English

Signature

Typed Name:

Secretary of State use only

W94953

IDAHO SECRETARY OF STATE  
07/19/2010 05:00  
CK: 5365 CT: 168977 BH: 1231116  
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