

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

10 APR -9 PM 1:35

1. The name of the limited liability	O.F. Co.	,
2. The complete street and mailin	addresses of the initial designated/principal office:	
(Street Address)	LEWISTON, IDAHO 83501	
(Mailing Address, if different than street address		
, ,	address of the registered agent:	
EVELYN FLEMING	3810 COUNTRY CLUB DRIVE, LEWISTON, ID. 83501	*
(Name)	(Street Address)	•
4. The name and address of at le company: Name JOHN HUGHES	Address 359 YOSEMITE DR.,TRACY, CA. 95376	
		. 1
	spondence (annual report notices): ING, PO BOX 2098, LEWISTON ID. 83501	
6. Future effective date of filing (c	ptional):	. y*
Signature of organizer(s). (An organizer)	•	
acting in behalf of a member or members	Secretary of State use only	
Signature (uclum til	mune	`
Typed Name: EVELYN FLE	IDANO SECRETARY OF STATE 94/09/2016 95:0 CK: 3107 CT: 179885 BH: 12:76	B 27 3 2
Typed Name:	Revis	

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