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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 APR -2 AM 10:27

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Re\$tores, LLC

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

1810 E. Schneidmiller Ave., Suite 310, Post Falls, Idaho 83854

(Street Address)

(Mailing Address, if different than street address)

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

Lee Anderson

(Name)

1810 E. Schneidmiller Ave., Suite 310, Post Falls, Idaho 83854 (County of Kootenai)

(Street Address)

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

**Name****Address**

Sharon M. Anderson

1810 E Schneidmiller Ave., Suite 310, Post Falls, Idaho

Jessica A. English

1810 E Schneidmiller Ave., Suite 310, Post Falls, Idaho

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

1810 E. Schneidmiller Ave., Suite 310, Post Falls, Idaho 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Cheyenne Moseley, Assistant  
Secretary, LegalZoom.com, Inc.

Signature

Typed Name:

Secretary of State use only

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IDAHO SECRETARY OF STATE  
04/02/2014 05:00  
CK: 1781470 CT: 172099 BH: 1418214  
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