CERTIFICATE OF ORGANIZATION PROFESSIONAL FILED EFFECTIVE LIMITED LIABILITY COMPANY 2014 JAN -6 AM 9: 41

	(Instructions on bac	k of application)	
1. The	name of the professional limit	ed liability company is () () () () () () () () () (
	Uitte, Valland		
	reet Address)		
(Ma	ailing Address, if different than street address		
	3. The name and complete street address of the registered agent:		
J. K	ELSO LINDSAY	401 E. FRONT AVE. #211, COEUR D'ALENE, ID 83814	
(Na	ame)	(Street Address)	
The name and address of at least one member or manager of the professional limited liability company:			
J. K	Name ELSO LINDSAY	Address 401 E. FRONT AVE. #211, COEUR D'ALENE, ID 83814	
			
5. Mailing address for future correspondence (annual report notices): 401 E. FRONT AVE. #211, COEUR D'ALENE, ID 83814			
6. Futu	6. Future effective date of filing (optional):		
7. The profe	limited liability company is a pessions for which members are essional services is:	orofessional company, and the principal profession or duly licensed or otherwise legally authorized to render RVICES LAW	
Signatur person.	e of a manager, member o	r authorized	
Signature Typed N	/ LVELOO ALADOMY	Secretary of State use only	
	9	IDAHO SECRETARY OF STATE	
Typed Na		91/96/2914 95:99	

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