

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 APR 28 AM 10: 52

	The name of the limited liability company is:		
Liquid Assets, LLC			
The complete street and maili 998 Valley Rim Road, McCall, Ida	_	e initial designated office:	
(Street Address) PO Box 1775, McCall, Idaho 8363			
(Mailing Address, if different than street ad	dress)		
. The name and complete stree	et address of the reg	gistered agent:	
Tracy L. McMaster		998 Valley Rim Road	
(Name)	(Street Address)	(Street Address)	
company: Name Tracy L. McMaster	Address PO Box 1775, McCall, ID 83638		
. Mailing address for future con	respondence (annu	al report notices):	
PO Box 1775, McCall, ID 83638			
Future effective date of filing ((optional):		
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ignature Stage Synghast		Secretary of State use only IDAHO SECRETARY OF STATE	
		04/28/2015 05:00	
ped Name: Teacy L. M.	MASTER	CK:CASH CT:178387 BH:14730 10 100.00 = 100.00 ORGAN LLC	
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