

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability company is:	STATE OF TOAHO"
Post Falls Realty, LLC	
2. The complete street and mailing addresses of the initial designated office:	
1000 northwest Blud.	
(Street Address) Co-cuid Mailing Address, if different than street address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
(Name) Krug (Street Address)	nothwest Blud COX
4. The name and address of at least one member or manager of the limited liability	
сотрапу: <u>Name</u>	Address
• • • • • • • • • • • • • • • • • • • •	
Donald R. Smock 1000 no Ahwest Blud, CDA 8?	
Donald R. Smock, Tr. 1000 no Anwest Blod, CDA 83	
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5. Mailing address for future correspondence (annual report notices):	
1000 northwest Blid CDA ID 83814	
· · · · · · · · · · · · · · · · · · ·	
6. Future effective date of filing (optional):	
Circulative of a manager marriage or sutherized	
Signature of a manager, member or authorized person.	
·	Secretary of State use only
Signature Donald & Smooth	•
Typed Name: Donald & Smoch	IDAHO SECRETARY OF STATE
Signatura	10/28/2014 05:00
Signature	CK:2321170 CT:172099 BH:1447118 10 100.00 = 100.00 ORGAN LLC #2
Typed Name:	1

9/21/2012

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