

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 SEP 28 PM 2:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Dare To Dream Design, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

PO Box 2071

(Street Address)

Post Falls, ID 83877

(Mailing Address, if different)

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

Amanda (Amy) Croson

1603 N Pine Street, Post Falls, ID 83854

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Amanda Croson

1603 N Pine Street, Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1603 N PINE ST. POST FALLS, ID 83854

(Address)

Signature of organizer(s).

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/28/2016 05:00

CK:4240886 CT:172099 BH:1548456

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