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-FILED-

File #: 0005729091

Date

Date Filed: 5/7/2024 12:11:59 PM

Certificate of Organization Limited Liability C Select one: Standard, Expedited descriptions below)		Same Day Service (+\$100; filing fee \$200)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		Eastridge Duplexes, LLC	
2. The complete street address of the princip	al office is:	004 MANUAL ON AVE OUTE 500	
Principal Office Address		621 W MALLON AVE, SUITE 509 SPOKANE, WA 99201	
3. The mailing address of the principal office	is:		
Mailing Address		621 W MALLON AVE STE 509	
		SPOKANE, WA 99201-2181	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		Sara Raquet	
		Physical Address: 822 S JEFFERSON	
		MOSCOW, ID 83843	
		Mailing Address:	
		822 S JEFFERSON ST	
		MOSCOW, ID 83843-3032	
I affirm that the registered ago	ent appointed has consented	to serve as registered agent for this entity.	
5. Governors			
Name		Address	
William Lawson	621 W MALLON AVE		
	SPOKANE, WA 9920	1	
Signature of Organizer:			
William J Lawson		05/07/2024	

Sign Here