

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 APR 13 PM 4:03

STATE OF IDAHO

1. The name of the limited liability company is:

CA ROBINSON LLC

2. The complete street and mailing addresses of the initial designated/principal office:

7222 Main St Bonners Ferry, ID
(Street Address)

83805

(Mailing Address, if different than street address)

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

ABRA CHOUINARD
(Name)

5170 Moyie River Rd.
(Street Address)
BONNERS FERRY, ID, 83805

4. The name and address of at least one member or manager of the limited liability company:

ABRA CHOUINARD
Name

5170 Moyie River Rd.
Address
BONNERS FERRY, ID, 83805

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

PO BOX 1638 BONNERS FERRY, ID 83805

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person:

Signature: [Signature]
Typed Name: ABRA CHOUINARD

Secretary of State use only

Signature _____
Typed Name _____

IDAHO SECRETARY OF STATE
04/13/2011 05:00
CK: 653678 CT: 172099 BH: 1269100
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W102317