

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 SEP - 7 AM 9: 04

(Instructions on back of application)

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ed/principal office:
ID 83860
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1.	The name of the limited liability con	npany is: STATE OF ID	AHQ	
	The	Tam O'Shanter LLC	<u> </u>	
2.	The complete street and mailing addresses of the initial designated/principal office:			
	1126 N. Boyer Ave., Sandpoint, ID 83864			
	(Street Address)			
	PO Box 275, Sandpoint, ID 83864			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Debi Pielli	115 Talache Loop Road, Sagle, ID 83860		
	(Name)	(Street Address)	_	
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	<u>Address</u>		
	Sandra Belote	PO Box 275, Sandpoint, ID 83864		
5.	Mailing address for future correspor	ndence (annual report notices):		
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	PO Box 275, Sandpoint, ID 65004			
6	Future offective date of filing (ention	nai)·		
0.	Future effective date of filing (option	nai).		
	gnature of a manager, member or	r authorized		
pe	rson.	Secretary of State use only		
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	ped Name: Sandra Belote			
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ΙV	ped Name:	1 9 100.00 = 100.00 ORGA	IN LLC # 2	

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