



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED-EFFECTIVE**

2014 DEC 19 PM 2:02

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ShopMaster CNC LLC

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

2045 W Polo Green Ave, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Joseph Heath

(Name)

2045 W Polo Green Ave, Post Falls, ID 83854

(Street Address)

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

Name

Address

Joseph Heath

2045 W Polo Green Ave, Post Falls, ID 83854

Susan Heath

2045 W Polo Green Ave, Post Falls, ID 83854

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

2045 W Polo Green Ave, Post Falls, ID 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Joseph Heath

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/19/2014 05:00

CK:6895 CT:304347 BH:1453815

1@ 100.00 = 100.00 ORGAN LLC #2

W145598