ATTN! TERANY



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions or	i back of application,	SECRETARY OF STATE	
1.	The name of the limited liability company is:		STATE OF IDAHO	
	Backwaters LLC			
2.	The complete street and mailing addresses of the initial designated office:			
	19123 W Treend Rd, Post Falls, ID 83854			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Brad Moss	19123 W Treend Rd, Post Falls, ID 83854		
	(Name)	(Street Address)		
	The name and address of at least one member or manager of the limited liability company: Name Address			
	Brad Moss	10123 W Tree	Address 19123 W Treend Rd, Post Falls, ID 83854	
_	N. d. a. Maria and J. L. a. a. a. Cara Calabana		Non-red of the arts	
5.	Mailing address for future corr	•	il report notices):	
	19123 W Treend Rd, Post Falls, II	J 83854 —————————		
		E141004E		
6.	Future effective date of filing (optional):		
Sigr	nature of a manager, memb	er or authorized		
	son/	_		
			Secretary of State use only	
Sigr	nature			
Typ:	ed Name: Forced M	055	IDAHO SECRETARY OF STATE	
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