

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 AUG 29 AM 8: 55

		OEUHHAAA AA CAA	
1. The name of the limited liability company is:		SECHERALI OF STA STATE OF DAHO	
HERMISTON 353 LLC		The same starting	
2. The complete street and 3773 W. 5TH AVE., SUITE (Street Address)	d mailing addresses of the 301, POST FALLS, ID 8385	-	
(Mailing Address, if different than	street address)		
3. The name and complete	•	gistered agent:	
MICHAEL A. KIRK	A. KIRK 3773 W. 5TH AVE, SUITE 301, POST FALLS, ID 83854		
(Name)	(Street Address	3)	
The name and address company:	of at least one member	or manager of the limited liability	
<u>Name</u>		Address	
MICHAEL A. KIRK	3773 W. 5TI	3773 W. 5TH AVE, SUITE 301, POST FALLS 83854	
5. Mailing address for futur 3773 W. 5TH AVE, SUITE	re correspondence (annu 301, POST FALLS, ID 83854	al report notices):	
6. Future effective date of	filing (optional):		
Signature of a manager, person.	member or authorized		
MR		Secretary of State use only	
Signature MICHAEL A. M.	RK, MANAGER		
Typed Name: MICHAEL A. KI	RN, MANAGER		
Signature		IDAHO SECRETARY OF STATE 08/29/2013 05:00	

08/29/2013 05:00 CK: 8856 CT: 286998 BH: 1388114 1 0 100.80 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

Typed Name: