CERTIFICATE OF ORGANIZATION	
LIMITED LIABILITY COMPANY	10 AUG - 5 AN 8: 57
(Instructions on back of application)	SECRET-RY OF STATE
1. The name of the limited liability company is:	STATE OF IDAHO
2. The complete street and mailing addresses of the initial des 100 E Coevr & Alene Ave	signated/principal office:
(Street Address) <u>COEUT</u> <u>Alene</u> <u>TD</u> 8 (Mailing Address, if different than street address)	33814
3. The name and complete street address of the registered ag	jent:
Dorothy B King 100 E Coeurd At (Name) (Street Address)	lene Ave Apt 600
<ol><li>The name and address of at least one member or manager company:</li></ol>	of the limited liability
Dorothy B King 100 E Coeur dA Coeur d Alene	lene Ave Apt 600
<u>Coevr</u> d Hlene	ID 83814
5. Mailing address for future correspondence (annual report no 100 E Coevr & Alene Twe Apt 600 Co	otices); ceur d'Alene ID 83814
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
	Secretary of State use only
Signature X Joroth B, King Typed Name: Dorothy B King	
	IDAHO SECRETARY OF STATE 08/05/2010 05:00
Signature	CK: 5000 CT: 250191 BH: 1233595
Signature Typed Name:	1 @ 100.00 = 100.00 ORGAN LLC # 2