

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUL 20 PM 12: 42

1. The name of the limited liability of	STATE OF IDALIO"
•	addresses of the initial designated/principal office:
(Street Address)	4th Ave., Lewiston, ID 83501
· · · · · · · · · · · · · · · · · · ·	
(Mailing Address, if different than street address	s)
3. The name and complete street a	ddress of the registered agent:
Neil Goeckner	302 4th Ave., Lewiston, ID 83501
(Name)	(Street Address)
The name and address of at leas company:	t one member or manager of the limited liability
Name	Address
Neil Goeckner	302 4th Ave., Lewiston, ID 83501
5. Mailing address for future corresp	
302	4th Ave., Lewiston, ID 83501
6. Future effective date of filing (opti	ional)·
o. Taking choose date of ming (ope	(VI IOE).
Signature of organizer(s). (An organizer	ie a mamhar or ie
acting in behalf of a member or members).	io di Ingrisso, i o
7.461	Secretary of State use only
Signature hill House	
Typed Name: Neil Goeckner	<u> </u>
	r Spanner Common Secretary of State
Signature Sta	0376 8
Typed Name: Stephanie Goech	kner 👯 IDAHO SECRETARY OF STAT

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