

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 MAR 11 AM 8: 37

(Instructions on back of application)

The name of the limited liability com	npany is: SECHAR RY OF STA TE STATE OF IDAHO
2. The complete street and mailing add 7358 Aaron St Coeur d'Alene, ID 83815	dresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street address)	-
3. The name and complete street address of the registered agent:	
Lea Williams	7358 Aaron St Coeur d'Alene, ID 83815
(Name)	(Street Address)
The name and address of at least one member or manager of the limited liability company: Address	
<u>Name</u> Lea Williams	Address 7358 Aaron St Coeur d'Alene, ID 83815
5. Mailing address for future correspondence (annual report notices):	
7358 Aaron St Coeur d'Alene, ID 83815	
6. Future effective date of filing (optional): Signature of a manager, member or authorized	
person.	
Signature Sell Mann	Secretary of State use only
Typed Name: Lea Williams	
	IDANO SECRETARY OF STATE
Signature	AB 244 20044 OF - 00
Typed Name:	1 @ 100.80 = 188.80 ORGAN LLC W 2