

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 JUN 27 AM 10: 16

	ity company is: SECRETARY OF STATE STATE OF IDAHO
The name of the limited liabil Burkhardt Family LLC	ity company is.
	ords "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC
	ling addresses of the principal office is:
3154 N. Bunchgrass Dr.	
(Street Address) Post Falls, ID 83854	
(Mailing Address, if different)	
(Modely Address; F different)	
The name of the registered a	gent and the street address of the registered agent:
Jimmy A. Burkhardt	3154 N. Bunchgrass Dr., Post Falls, ID 83854
(Name)	(Address cannot be a post office box or postal mail box )
	least one governor of the limited liability company:
The name and address of at Lisa A. Burkhardt	least one governor of the limited liability company: 3154 N. Bunchgrass Dr., Post Falls, ID 83854  (Address)
Lisa A. Burkhardt	3154 N. Bunchgrass Dr., Post Falls, ID 83854  (Address)
Lisa A. Burkhardt Name)	3154 N. Bunchgrass Dr., Post Falls, ID 83854
Lisa A. Burkhardt Name)	3154 N. Bunchgrass Dr., Post Falls, ID 83854  (Address)
Lisa A. Burkhardt Name) Name)	3154 N. Bunchgrass Dr., Post Falls, ID 83854 (Address)
Lisa A. Burkhardt (Name) (Name) (Name)	3154 N. Bunchgrass Dr., Post Falls, ID 83854 (Address)  (Address)  (Address)
Lisa A. Burkhardt (Name) (Name) (Name)	3154 N. Bunchgrass Dr., Post Falls, ID 83854 (Address)  (Address)  (Address)  (Address)  respondence (annual report notices):

Signature of organizer(s).

Signature:

Printed Name: Jimmy A. Burkhardt

Signature: Sisa 2. Burkhardt)

Lisa A. Burkhardt

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE 06/27/2016 05:00

CK:1038 CT:326122 BH:1535054 16 100.00 = 100.00 ORGAN LLC #2 1@ 20.00 = 20.00 EXPEDITE C #3

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