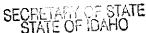


CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 014 DEC 24 AM 11: 56

(Instructions on back of application)



		STATE OF IDAHO
. The name of the limited liabili	ity company is:	SIMIL OF 1574.10
Seabower Capital, LLC		
The complete street and maili 3019 E. Rivercrest Dr., Post Falls, (Street Address)	•	e initial designated office:
(Mailing Address, if different than street ad	ldress)	
The name and complete stree	et address of the re	gistered agent:
Clint Bower	3019 E. Rive	rcrest Dr., Post Falls, ID 83854
(Name)	(Street Address)	
company: <u>Name</u>		or manager of the limited liability Address
Clint Bower	3019 E. Rivercrest Dr., Post Falls, ID 83854	
. Mailing address for future con 3019 E. Rivercrest Dr., Post Falls,	•	nal report notices):
5. Future effective date of filing ((optional):	
ignature of a manager, memberson.	per or authorized	
/// . (ud l	Secretary of State use only
gnature		IDANO SECRETARY OF STATE 12/24/2014 05:00 CK:1564 CT:267675 BH:145433
ignature		16 100.00 = 100.00 ORGAN LLC 16 20.00 = 20.00 EXPEDITE C
vned Name:		

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