

251

FILED EFFECTIVE



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

SEP 17 AM 10:40

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PAMS LLC

2. The complete street and mailing addresses of the initial designated/principal office:

600 W. HUBBARD AVENUE, UNIT 37, COEUR D'ALENE, ID 83814

(Street Address)

P.O. BOX 3515, COEUR D'ALENE, ID 83816

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

PAULETTE ANN MITCHELL

(Name)

600 W. HUBBARD AVE, UNIT 37, CDA, ID 83814

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name
PAULETTE A. MITCHELL, TRUSTEEAddress
P.O. BOX 3515, COEUR D'ALENE, ID 83816Name
OF THE PAULETTE ANN MITCHELLName
LIVING TRUST U/A 09/15/10

5. Mailing address for future correspondence (annual report notices):

P.O. BOX 3515, COEUR D'ALENE, ID 83816

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: PAULETTE A. MITCHELL

Secretary of State use only

Signature

Typed Name: _____

IDaho SECRETARY OF STATE
09/17/2010 05:00
CK: 513869 CT: 172099 BH: 1239371
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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