

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 JUL 10 AM E SECRETARY OF STA STATE OF IDAHO	8: 55 ITE
gnated office:	
nt:	
daho 83854	
f the limited liability	
iress iaho 83854	
ces):	
ecretary of State use only	

THE OF	(Instructions on	back of application)	SECRETAGNICA-	
1. The na	ame of the limited liability	y company is:	STATEOFINESTATE	
	atus, LLC		o, ward	
321 P	omplete street and mailin tutter Ave Post Falls Idaho 83 Address)	g addresses of the initial de 8854	signated office:	
(Mailing	Address, if different than street addr	ress)		
3. The na	ame and complete street	address of the registered ag	gent:	
	R Noyes	321 Putter Ave Post Falls	s Idaho 83854	
(Name)		(Street Address)		
4. The na compa	ime and address of at leaning	ast one member or manager	of the limited liability	
5	<u>Name</u> R Noyes	A 321 Putter Ave Post Falls	ddress	
	address for future corresutter Ave Post Falls Idaho 838	spondence (annual report no	otices):	
6. Future	effective date of filing (or	otional):		
Signature person.	of a manager, member	r or authorized		
Signature_ Typed Nam	Ralph R hoye e: Ralph R Noyes		Secretary of State use only	
Signature_			IDAHO SECRETARY OF STATE	
Typed Name:			CK: 5178 CT: 285155 BH: 1381420 1 8 180.00 = 180.00 ORGAN LLC # 2	

cert_org_llc Rev. 07/2010