251

## CERTIFICATE OF ORGANIZATION

The name of the limited liability company is:  G.P.P., LLC  The complete street and mailing addresses of the initial designated office: 4034 W. Idlewild Loop, Bidg. #R, Coeur d'Alene, ID 83814  (Sizert Address)  (Mailing Address, if different than sizert address)  The name and complete street address of the registered agent:  Kirk Kappen  (Name)  (Sizert Address)  The name and address of at least one member or manager of the limited liability company:  Name  Address  Kevin Rudeen  895 N. Legacy Ridge Dr., Size. 301, Liberty Lake, WA 99  Mailing address for future correspondence (annual report notices): 4034 W. Idlewild Loop, Bidg. #R, Coeur d'Alene, ID 83814  Future effective date of filing (optional):  Ignature  (gignature  (CK: PREPALID CT: 3048 BH: 3040 B	L.//	MITED LIABII	LITY COMPANY	
G.P.P., LLC  2. The complete street and mailing addresses of the initial designated office: 4034 W. Idlewild Loop, Bidg. #R, Coeur d'Alene, ID 83814  (Street Address)  (Mailing Address. # different than street address of the registered agent;  Kirk Kappen  (Name)  4034 W. Idlewild Loop Bidg. #R, CDA, ID 83814  (Street Address)  6. The name and address of at least one member or manager of the limited liability company:  Name  Address  Kevin Rudeen  895 N. Legacy Ridge Dr., Ste. 301, Liberty Lake, WA 99  6. Mailing address for future correspondence (annual report notices): 4034 W. Idlewild Loop, Bidg. #R, Coeur d'Alene, ID 83814  6. Future effective date of filing (optional):  ignature of a manager, member or authorized erson.  Secretary of Sinte use crity  ignature yped Name:  Kirk Kappen  IDAHO SECRETARY OF STA 02/23/2015 05:10  CK: PREPAID CT: 3048 BH: 10 on 00 CRGAN proper in the pro	1 01	(Instructions on b	ack of application)	SECRETARY OF STATE
2. The complete street and mailing addresses of the initial designated office: 4034 W. Idlewild Loop, Bidg. #R, Coeur d'Alene, ID 63814  (Street Address)  (Mailing Address. If different than street address of the registered agent;  (Kirk Kappen 4034 W. Idlewild Loop Bidg. #R, CDA, ID 63814  (Name) (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name Address  Kevin Rudeen 995 N. Legacy Ridge Dr., Ste. 301, Liberty Lake, WA 99  5. Mailling address for future correspondence (annual report notices): 4034 W. Idlewild Loop, Bidg. #R, Coeur d'Alene, ID 63814  6. Future effective date of filing (optional):  idignature of a manager, member or authorized erson.  Secretary of State use crity  idignature 10 DAHO SECRETARY OF STA 02/23/2015 05:0  CK: PREPAID CT: 3048 BH: 3 DAHO SECRETARY OF STA 02/23/2015 05:0  CK: PREPAID CT: 3048 BH: 3 DAHO SECRETARY OF STA 02/23/2015 05:0  CK: PREPAID CT: 3048 BH: 3 DAHO SECRETARY OF STA 02/23/2015 05:0  CK: PREPAID CT: 3048 BH: 3 DAHO SECRETARY OF STA 02/23/2015 05:0  CK: PREPAID CT: 3048 BH: 3 DAHO SECRETARY OF STA 02/23/2015 05:0  CK: PREPAID CT: 3048 BH: 3 DAHO SECRETARY OF STA 02/23/2015 05:0  CK: PREPAID CT: 3048 BH: 3 DAHO SECRETARY OF STA 02/23/2015 05:0  CK: PREPAID CT: 3048 BH: 3 DAHO SECRETARY OF STA 02/23/2015 05:0	i. The name of	the limited liability	company is:	THE OF INNIO
4034 W. Idlewild Loop, Bidg. #R, Coeur d'Alene, ID 83814 (Street Address)  (Mailing Address, if different than street address of the registered agent:  Kirk Kappen 4034 W. Idlewild Loop Bidg. #R, CDA, ID 83814 (Name) (Street Address)  6. The name and address of at least one member or manager of the limited liability company:  Name Address  Kevin Rudeen 895 N. Legacy Ridge Dr., Ste. 301, Liberty Lake, WA 99  6. Mailing address for future correspondence (annual report notices):  4034 W. Idlewild Loop, Bidg. #R, Coeur d'Alene, ID 83814  6. Future effective date of filing (optional):  ignature of a manager, member or authorized erson.  Secretary of State use only  ignature yped Name: Kirk Kappen  IDANO SECRETARY OF STA 92/23/2015 05:0  CK. PREPAID CT: 3048 BH: 3 and 30 and	G.P.P., LLC			<u></u>
(Mailing Address if different than street address)  3. The name and complete street address of the registered agent:  Kirk Kappen 4034 W. Idlewild Loop Bidg. #R, CDA, ID 83814 (Name) (Street Address)  5. The name and address of at least one member or manager of the limited liability company:  Name Address  Kevin Rudeen 895 N. Legacy Ridge Dr., Ste. 301, Liberty Lake, WA 99  5. Mailling address for future correspondence (annual report notices):  4034 W. Idlewild Loop, Bidg. #R, Coeur d'Alene, ID 83814  6. Future effective date of filling (optional):  ignature of a manager, member or authorized erson.  Secretary of State use only  ignature Yped Name: Kirk Kappen IDANO SECRETARY OF STA 92/23/2015 05:00  CK: PREPAID CT: 3048 BH: 100.00 PRGAN BM: 10	•	•	•	gnated office:
Kirk Kappen 4034 W. Idlewild Loop Bidg. #R, CDA, ID 83814  (Name) (Street Address)  4. The name and address of at least one member or manager of the limited liability company:  Name Address  Kevin Rudeen 695 N. Legacy Ridge Dr., Ste. 301, Liberty Lake, WA 99  5. Mailing address for future correspondence (annual report notices): 4034 W. Idlewild Loop, Bidg. #R, Coeur d'Alene, ID 83814  5. Future effective date of filing (optional):  ignature of a manager, member or authorized erson.  Secretary of State use only  1DANO SECRETARY OF STA 92/23/2015 95:0  CK: PREPAID CT: 3048 BH: 3  CK: PREPAID CT: 3048 BH: 3  10 100.00 DRGAN				
Kirk Kappen  (Name)  4034 W. Idlewlid Loop Bidg. #R, CDA, ID 83814  (Sirest Address)  4. The name and address of at least one member or manager of the limited liability company:  Name  Address  Kevin Rudeen  895 N. Legacy Ridge Dr., Sie. 301, Liberty Lake, WA 99  5. Mailing address for future correspondence (annual report notices):  4034 W. Idlewlid Loop, Bidg. #R, Coeur d'Alene, ID 83814  6. Future effective date of filing (optional):  Signature of a manager, member or authorized erson.  Signature  Signature  Signature  OZ/23/2015 95:0  Signature  CK: PREPAID CT: 3048 BH: 3	(Mailing Address	if different than street addre	§\$ <b>&gt;</b>	
(Name) (Street Address)  i. The name and address of at least one member or manager of the limited liability company:  Name  Kevin Rudeen  895 N. Legacy Ridge Dr., Ste. 301, Liberty Lake, WA 99  i. Mailing address for future correspondence (annual report notices): 4034 W. Idlewild Loop, Bidg. #R. Coeur d'Alene, ID 83814  ii. Future effective date of filling (optional):  ignature of a manager, member or authorized erson.  Secretary of State use only  yped Name:  Kirk Kappen  IDANO SECRETARY OF STA 92/23/2015 05:0  CK: PREPAID CT: 3048 BH: 304 BH:	. The name a	nd complete street a	iddress of the registered age	nt;
(Name) (Street Address)  4. The name and address of at least one member or manager of the limited liability company:    Name	Kirk Kannan		4024 M. Jallowiist I. can Disto	#D
4. The name and address of at least one member or manager of the limited liability company:    Name				. #R, QDA, ID 03014
4034 W. Idlewild Loop, Bidg. #R. Coeur d'Alene, ID 83814  Future effective date of filing (optional):  ignature of a manager, member or authorized erson.  Secretary of State use only  gnature  /ped Name: Kirk Kappen  IDANO SECRETARY OF STATE  82/23/2015 05:0  CK: PREPAID CT: 3048 BH: 1			330 W. Legady Mage Dr., 0	E. SOT, EDGITY CARO, VVA 950
4034 W. Idlewild Loop, Bidg. #R. Coeur d'Alene, ID 83814  5. Future effective date of filing (optional):  ignature of a manager, member or authorized erson.  Secretary of State use only  ignature				
4034 W. Idlewild Loop, Bidg. #R. Coeur d'Alene, ID 83814  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.  Secretary of State use only  Signature  Tokko secretary of State use only  1040 secretary of State use only  CK: PREPAID CT: 3048 BH: 1				
4034 W. Idlewild Loop, Bidg. #R. Coeur d'Alene, ID 83814  6. Future effective date of filing (optional):  Signature of a manager, member or authorized person.  Secretary of State use only  Signature  Typed Name: Kirk Kappen  TDAHO SECRETARY OF STATE OF ST				
4034 W. Idlewild Loop, Bidg. #R. Coeur d'Alene, ID 83814  5. Future effective date of filing (optional):  Signature of a manager, member or authorized erson.  Secretary of State use only  Signature  Yoped Name: Kirk Kappen  IDAHO SECRETARY OF STATE OF STA	5. Mailing addr	ess for future corres	spondence (annual report not	tices):
Secretary of State use only  Secretary of State use only  Signature  Syped Name: Kirk Kappen  IDAHO SECRETARY OF STA  92/23/2015 05:0  CK: PREPAID CT: 3048 BH: 1			•	
Signature of a manager, member or authorized person.  Secretary of State use only  Signature	Eutura official	biro data affilima (an	#n.	
Signature Signat	). Fuluie elleu	hae nate or mind fob	donal).	
Signature	<del>-</del>	manager, member	or authorized	
Typed Name: Kirk Kappen         10AHO SECRETARY OF STA           02/23/2015 05:0           CK: PREPAID CT: 3048 BH: 1           Cvoed Name:         16 100.00 = 100.00 DRGAN				Secretary of State use only
62/23/2015         05:0           63/23/2015         05:0           64/23/2015         05:0           65/23/2015         05:0           65/23/2015         05:0           65/23/2015         05:0           65/23/2015         05:0           65/23/2015         05:0           65/23/2015         05:0           65/23/2015         05:0           66/23/2015         05:0           66/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015         05:0           67/23/2015				
Signature         CK:PREPAID CT:3048 BH:1           Evoed Name:         16 100.00 = 100.00 ORGAN	ypeu ivaine. 🗀	····		1DAHO SECRETARY OF STATE
Wood Name: $16 100.00 = 100.00 \text{ DRGAN}$	ignature			REPAID CT: 3048 BH: 14
- 1 18 711 1111 mm 711 1111 TO VIEW TAT	yped Name: _		16 10	<u>0.00 = 100.00 ORGAN 1</u> 0.00 = 20.00 EXPEDITE

cert\_org\_lic Rev. 07/2010

W 147987