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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2009 MAR -6 PM 3:08

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

My Sanctuary, LLC

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

1215 N. Kaniksu, Post Falls, Idaho 83854

(Street Address)

(same)

(Mailing Address, if different than street address)

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

Maryann Anthony

(Name)

1215 N. Kaniksu, Post Falls, Idaho 83854

(Street Address)

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

Name**Address**

Maryann Anthony

1215 N. Kaniksu, Post Falls, Idaho 83854

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

1215 N. Kaniksu, Post Falls, Idaho 83854

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Matthew P. Grupp, Esquire

Signature

Typed Name: _____

Secretary of State use only

W 82051

 IDAHO SECRETARY OF STATE
 03/06/2009 03:00
 CX: 210065 CT: 172099 SN: 1160160
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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 Revised 07/2008