FILED EFFECTIVE



## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2009 JAN 14 AM 8: 54

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liability com	npany is: STATE OF IDAHU
Northwest Inte	ternet Marketing Affiliates LLC
The complete street and mailing add	dresses of the initial designated/principal office:
·	venue Lewiston, Idaho 83501
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street addre	ess of the registered agent:
Douglas B. Stout	1511 Powers Ave. Lewiston, Idaho 83501
(Name)	(Street Address)
one name and address of at least on company:  Name	ne member or manager of the limited liability  Address
Douglas B. Stout	1511 Powers Ave. Lewiston, Idaho 83501
which was the state of the stat	
-	
Mailing address for future correspond	•
1511 Powers	s Ave. Lewiston, Idaho 83501
	. %
Future effective date of filing (options	al):
	de d
nature of organizer(s). (An organizer is a i	member, or is
ing in behalf of a member or members).	·
$\bigcirc$ $1 - 1/1$	Secretary of State use only
nature Nulpho B Stowt	2   3
ped Name: TOUKIAS P. 570	<u>5</u>
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