



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 21 PM 1:13

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

SHAWN PAUL YOUNG LLC

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

6542 MONROE ST BONNERS FERRY IDAHO 83805

(Street Address)

PO BOX 507 BONNERS FERRY IDAHO 83805

(Mailing Address, if different than street address)

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

SHAWN P YOUNG

(Name)

6542 MONROE ST BONNERS FERRY ID 83805

(Street Address)

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

Name

Address

SHAWN P YOUNG

PO BOX 507 BONNERS FERRY ID 83805

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

PO BOX 507 BONNERS FERRY IDAHO 83805

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 Shawn P. Young  
Typed Name: SHAWN P YOUNG

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

W 87080

IDAHO SECRETARY OF STATE  
09/21/2009 05:00  
CK: 137 CT: 240735 BH: 1187903  
1 @ 100.00 = 100.00 ORGAN LLC # 2

SECRETARY OF STATE  
STATE OF IDAHO