

Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2016 OCT 12 PM 1: 56

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

SECRETARY OF STATE STATE OF IDAHO

d submit the application in duplicate.

Complete and submit use a	Philograph III September	W
The name of the limited liability cor	mpany is:	
(Remember to include the words "Li	imited Liability Company," "Lim	ited Company," or the abbreviations L. "C., LLC, or LC)
The complete street and mailing a	Galesses of the brinch	al office is.
1475 AMERICAN DRIVE, POST F	FALLS, IDAHO 03034	
(Street Address) PO BOX 66, POST FALLS, IDAH	O 83877	
(Mailing Address, if different)		
	table address of	the registered agent:
The name of the registered agent	and street address of	OF DIVIDURE D. COFURTIAL ENE. ID 83814
MICHAEL E. REAGAN,		ST BLVD., STE D. COEURE ALENE, ID 83814
Name)	(Address cannot be a post	office box or postal mail box)
	t reverser of the lit	mited liability company:
The name and address of at least	One governor or use in	DRIVE, POST FALLS, IDA 10 83854
SANDRA KAY WHEELER	(Address)	Ditt ve, i out the
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
	(Address)	
(Name)	(//(5:11-2-2)	
Mailing address for future corres	spondence (annual repo	ort notices):
1044 NORTHWEST BLVD, STE	D, COEURD'ALENE.	IDAHO 83814
(Address)		
(Bernet		
nature of organizer(s).	1	Secretary of State use inly
m1'1/12	Keng	
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inted Name: MICHAEL E. REAGAN		IDAMO SECRETARY OF STATE
		10/12/2016 05:00
gnature:		CK: 4277280 CT: 172099 BH: 1550495
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nted Name:		1172028
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