

Printed Name: Logan Knight, Manager

Signature:\_

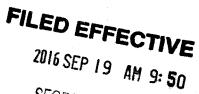
Rev. 11/2015

Printed Name: -

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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

Complete and submit the application in duplicate.





(Remember to include th	e words "Limited Liability Company," "Limited Company," or the abb	reviations L.L.C., LLC, or LC)
	nailing addresses of the principal office is: e, Post Falls, Idaho 83854	
(Street Address)		
(Mailing Address, if different)		
The name of the registered	d agent and the street address of the registered a	gent:
Logan Knight	4274 W. Riverbend Avenue, Post Fall	s, Idaho, 83854
(Name)	(Address cannot be a post office box or postal mail box.)	
The name and address of Logan Knight	at least one governor of the limited liability compa 4274 W. Riverbend Avenue, Post Fall (Address)	•
Logan Knight	4274 W. Riverbend Avenue, Post Fall	•
Logan Knight	4274 W. Riverbend Avenue, Post Fall	•
Logan Knight <sup>(Name)</sup>	4274 W. Riverbend Avenue, Post Fall (Address)	•
Logan Knight (Name)	4274 W. Riverbend Avenue, Post Fall (Address)  (Address)	•
Logan Knight (Name)	4274 W. Riverbend Avenue, Post Fall (Address)  (Address)	•
Logan Knight (Name) (Name) (Name) (Name)	4274 W. Riverbend Avenue, Post Fall (Address)  (Address)  (Address)  (Address)  correspondence (annual report notices):	•
Logan Knight (Name) (Name) (Name) Mailing address for future of the second Avenual to th	4274 W. Riverbend Avenue, Post Fall (Address)  (Address)  (Address)	•
Logan Knight (Name) (Name) (Name) (Name)	4274 W. Riverbend Avenue, Post Fall (Address)  (Address)  (Address)  (Address)  correspondence (annual report notices):	•

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CK:1239 CT:317149 BH:1546977

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