

CERTIFICATE OF ORGANIZATION 20/3 L

LIMITED LIABILIT	Y COMPANY OF TAY
(Instructions on back	of application)
1. The name of the limited liability com	pany is:
THE REDULLC THE STANLEY	SEDD LLC
2. The complete street and mailing addresses of the initial designated office:	
635 Ace of Diamonds Street, Stanley, ID 8	33278
(Street Address) P O Box 341, Stanley, ID 83278	
(Mailing Address, if different than street address)	
3. The name and complete street addre	ess of the registered agent:
Douglas Plass	130 Valley Creek Road, Stanley, ID 83278
(Name)	(Street Address)
The name and address of at least or company:	ne member or manager of the limited liability
Name Davidos Plans	Address
Douglas Plass	P O Box 341, Stanley, ID 83278
5. Mailing address for future correspond P O Box 341, Stanley, ID 83278	dence (annual report notices):
6. Future effective date of filing (options	al):
Signature of a manager, member or person.	
	Secretary of State use only
Typed Name Douglas Plass	
Typed Name: Douglas Plass	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	CK: 1888 CT: 283988 BH: 1373323

CK: 1889 CT: 283988 BH: 1373323 1 8 100.00 = 100.00 ORGAN LLC # 2

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