251					
	CERTIFICATE OF LIMITED LIABILI (Instructions on bac	ITY COM	ZATION ZOI3	NED EFFECTIVE	
(mondetions on back of application)					
	ame of the limited liability co			Charles Inter	
	iummit Property S		HC	AND IN	
	2. The complete street and mailing addresses of the initial designated office:				
<u> </u>	1.3 (1). Sherlock Au Address)	se Coer	ur d'Alene, IT	83815	
(Mailing	g Address, if different than street address)				
The name and complete street address of the registered agent:					
(Name)	MONA Wilson	(Street Address	Sheelock Ave		
4. The na compa	ame and address of at least any:	one member o	r manager of the lir	nited liability	
\cap	<u>Name</u>		Address	0	
KAn	iona Wilson	<u>391.3 W.</u>	Sheelock Ave.	Coeur d'Alene, TD 83815	
			······································	<u> </u>	
<u></u>					
5 Mailin	g address for future correspo	ndence (annu	al report potices);		
	3 W. Sherlock Ave		,	8201C	
	3 W. SNEKIOCK MYP	(Denk)	A FIRME, ID	<u> </u>	
6. Future	effective date of filing (optio	onal):			
Signature person.	of a manager, member o	or authorized			
. (Secretary of	of State use only	
Signature	Jamona Wilson				
Typed Nar	ne: <u>Raniona Wilson</u>	<u>ا</u>			
Signature				IO SECRETARY OF STATE	
	me:	I	CK: 3881	2/2013 05:00 CT: 283415 BH: 1374892 = 109.00 ORGAN LLC # 2	
	·····		1 6 100-0	9 ~ 109.00 UNUMI LLU # C	
		cert_org_lic Rev. 07/2010	W	125579	