

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2013 MAY -7 PM 3: 45

## FILED EFFECTIVE

	(Instructions on back	k of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is:		OTHIC OF IDAGIO
	Outback Station, LLC		
2.	The complete street and mailing ac 569 S. Richards Rd., Post Falls, ID 8385 (Street Address) same (Mailing Address, if different than street address)		designated office:
3.	The name and complete street address of the registered agent:		
	The Grupp Law Firm, PLLC	842 W. Kathleen Ave.,	Coeur d'Alene, ID 83815
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Maria La∀e'	<u>Address</u> 569 S. Richards Rd., Post Falls, ID 83854	
5.	Mailing address for future correspo 569 S. Richards Rd., Post Falls, ID 8385	•	t notices):
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member of	r authorized	
•			Secretary of State use only
Sig:	nature	<u> </u>	
Şigi	nature		IDAHO SECRETARY OF STATE
<b>-</b>	( )	P 16	05/07/2013 60:00

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