

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2013 DEC 23 AM 9: 34

D 7	(Instructions on	back of application)	SECRETARY OF STATE
1.	The name of the limited liability company is:		STATE OF IDAHO
	Northman Beare, LLC		Will time and the
2.	The complete street and mailing addresses of the initial designated office:		
	712 Beare Road, Spirit Lake, ID 83869		
	(Street Address)		
	(Mailing Address, if different than street address	'ess)	
 4. 	The name and complete street address of the registered agent:		
	Eleven-Fourteen, Inc. 608 Northwest Blvd, S		Ste. 300, Coeur d'Alene, ID 83814
	(Name)	(Street Address)	
	Name Jason Hager	P.O. Box 25, Spirit La	Address ake, ID 83869
	Jason Hager	P.O. Box 25, Spirit La	ake, ID 83869
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5.	Mailing address for future correspondence (annual report notices):		
	Jason Hager, P.O. Box 25, Spirit La	ıke, ID 83869	
6.	Future effective date of filing (o	ptional):	
~ :	10/10		
•	nature of a manager, memberson.	er or authorized	
انم	(<i>H</i>)		Secretary of State use only
Sig	nature Au	17NOV 2015	
Typ	ped Name. Jason Hager, Manager	and Member	

IDAHO SECRETARY OF STATE 12/23/2013 05:00 CK: 7799 CT: 24405 BH: 1402939 1 00.00 = 100.00 ORGAN LLC 0 2

W132439

Signature_

Typed Name: _____