



# 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.

**FILED EFFECTIVE**

**2018 MAR 12 AM 9:06**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

519 MILL AVE LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

8880 MARINE DR POST FALLS, ID 83854

(Street Address)

(Mailing Address, if different)

3. The name of the registered agent and street address of the registered agent:

COLLEEN HOLMES

8880 MARINE DR POST FALLS, ID 83854

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

COLLEEN HOLMES

8880 MARINE DR POST FALLS, ID 83854

(Name)

(Address)

THOMAS M HOLMES III

8880 MARINE DR POST FALLS, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

8880 MARINE DR POST FALLS, ID 83854

(Address)

Signature of organizer(s).

Signature: Colleen Holmes

Printed Name: COLLEEN HOLMES

Signature: Thomas M Holmes III

Printed Name: THOMAS M HOLMES III

Secretary of State use only

IDAHO SECRETARY OF STATE

03/12/2018 05:00

CK:9387 CT:332679 BH:1631651

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