

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

 08 SEP 18 AM 8:56  
 SECRETARY OF STATE  
 STATE OF IDAHO

1. The name of the limited liability company is:

Oak Stream Financial LLC

2. The complete street and mailing addresses of the initial designated/principal office:

839 W. Lunch Box St., Kuna, ID 83634

(Street Address)

(Mailing Address, if different than street address)

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

Adam Cleary

(Name)

839 W. Lunch Box St., Kuna, ID 83634

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name****Address**

Adam Cleary

839 W. Lunch Box St., Kuna, ID 83634

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

839 W. Lunch Box St., Kuna, ID 83634

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

 Signature Adam Cleary

 Typed Name: Adam Cleary

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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 Revised 07/2008

 IDAHO SECRETARY OF STATE  
 09/18/2008 05:00  
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