251

CERTIFICATE OF STATE **CERTIFICATE OF ORGANIZATION**

FILED EFFECTIVE

Base Filing fee: \$100.00 typed, \$120 not typed Complete and submit the application in duplicate.

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability company is:

(Remember to include the words	"Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., LLC, or LC)
The complete street and mailing addresses of the principal office is: 1170 SOUTH VALLEYVIEW ROAD, POST FALLS, IDAHO 83854	
Street Address)	
Mailing Address, if different)	
The name and complete street ad	dress of the registered agent:
GUILLERMO NEVAREZ	1170 SOUTH VALLEYVIEW ROAD, POST FALLS, ID. 83854
Name)	(Address)
Name)	(Address)
Name)	(Adoress)
Name)	(Address)
Mailing address for future corresp 1170 SOUTH VALLEYVIEW R	ondence (annual report notices): OAD, POST FALLS, IDAHO 83854

GUILLERMO NEVAREZ Printed Name:

Printed Name:

Signature:

Rev. 01/2018

IDAHO SECRETARY OF STATE 06/18/2018 05:00

CK:3497509746 CT:359277 BH:1649366 100.00 = 100.00 ORGAN LLC #2

W203867