

Typed Name:

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

10 MAY 21 AM 10: 29

(Instructions on back of application)

SECRETARY OF STATE

1.	The name of the limited liability com	mpany is: STATE OF IDAHO
	L&	R N Management LLC
2.	The complete street address, and m principal office:	nailing address if different, of the initial designated/
	411 S. Forest Glo	ilen Blvd., Post Falis, Idaho 83854
3.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:	
	Michael J. Young, 411 S.	. Forest Glen Blvd., Post Falls, Idaho 83854
4.	The name and address of at least or company:	one member or manager of the limited liability
	<u>Name</u>	Address
	Michael J. Young	411 S. Forest Glen Blvd., Post Falls, Idaho 83854
	Jentry B. Young	411 S. Forest Glen Blvd., Post Falls, Idaho 83854
_		
5.	•	ndence (annuai report notices): Glen Bivd., Post Falls, Idaho 83854
6.	Future effective date of filing (options	nal):
e in	nature of an organizer(s). (An organizer	
'ny	iialule oi ali olualiizelisi. Milolualiizei	
r is	acting in behalf of a required, and existing, i	
		Secretary of State use only
r n	acting in behalf of a required, and existing, in the members).	Secretary of State use only
orm S <b>ig</b>	acting in behalf of a required, and existing, in the second secon	Secretary of State use only
orm S <b>ig</b>	acting in behalf of a required, and existing, in the members).	Secretary of State use only

W93550