

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 OCT -7 AM 8: 43

(Instructions on back of application)

SECRETARY OF STATE

| he complete street and mailing add | dresses of the initial designated/principal office: |
|--|---|
| | URT, SPOKANE VALLEY, WA 99037 |
| (Street Address) | |
| (Mailing Address, if different than street address) | |
| he name and complete street addr | ess of the registered agent: |
| RANVIR S. NAGRA | 1720 Northwest Blud, CDA Id |
| (Name) | (Street Address) 838/4 |
| he name and address of at least or ompany: | ne member or manager of the limited liability |
| Name | Address |
| RANVIR S. NAGRA (MANAGER) | 14204 E. 30TH CT., SPOKANE VALLEY, WA 99037 |
| HARBHAJAN S. NAGRA (MEMBER) | 14204 E. 30TH CT., SPOKANE VALLEY, WA 99037 |
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| | |
| falling address for fixture | -4 |
| failing address for future correspon | ndence (annual report notices): CT., SPOKANE VALLEY,WA 99037 |
| 14204 E. 30111 C | TI, SPORANE VALLET, VVA 59001 |
| uture effective date of filing (option | ial): |
| | |
| | member or is |
| iture of organizer(s) (An organizer is a | inemper, VI is |
| ature of organizer(s). (An organizer is a in behalf of a member or members). | |
| in behalf of a member or members). | Secretary of State use only |
| - · · · · · · · · · · · · · · · · · · · | Secretary of State use only |