

FILED EFFECTIVE

251

**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 AUG 23 AM 9:13

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Nightmare on Grelle Avenue LLC

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

2621 Grelle Avenue

(Street Address)

PO Box 153 Lewiston, ID 83501

(Mailing Address, if different than street address)

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

Karen Kelly

(Name)

2621 Grelle Avenue

(Street Address)

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

Name

Address

Karen Kelly

2621 Grelle Avenue

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

PO Box 153 Lewiston, ID 83501

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Karen Kelly

Signature

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

Secretary of State use only

IDaho SECRETARY OF STATE  
08/23/2012 05:00  
CK: 1107645 CT: 172899 DH: 1336983  
1 @ 100.00 = 100.00 ORGAN LLC N 2

313

W116681