



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 NOV 20 AM 9:30

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Complete Cabin Care, LLC

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

90 Two Mouth Road, Unit B

(Street Address)

Coolin, ID 83821

(Mailing Address, if different than street address)

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

Doug Whitney

(Name)

90 Two Mouth Road, Unit B, Coolin, ID 83821

(Street Address)

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

Name

Address

Doug Whitney

90 Two Mouth Road, Unit B, Coolin, ID 83821

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

90 Two Mouth Road, Unit B, Coolin, ID 83821

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Doug Whitney

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

11/20/2014 05:00

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