

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT 22 PM 1: 38

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1. The name of the limited liability con	mpany is:	SECRETARY OF STATE
F	Frontier Capital LLC	STATE OF IDAHO
The complete street and mailing ad 1401 River Rock Rd, Sandpoint, ID 8386		esignated/principal office:
(Street Address) PO Box 652, Sandpoint, ID 83864		
(Mailing Address, if different than street address)		
3. The name and complete street add	ress of the registered a	igent:
Natalie Miller	1401 River Rock Rd., Sandpoint , ID 83864	
(Name)	(Street Address)	
The name and address of at least of company:	one member or manage	er of the limited liability
<u>Name</u>	Address .	
Natalie Miller	1401 River Rock Rd., Sa	andpoint, ID 83864
5. Mailing address for future correspondence PO Box 652, Sandpoint, ID 83864	ndence (annual report	notices):
6. Future effective date of filing (option	nai):	
Signature of a manager, member or	r authorized	
person.		Secretary of State use only
Signature Nathlu Weller		
Typed Name: Natalie Miller		
Signature		IDAHO SECRETARY OF STATE
Typed Name:		10/22/2010 05:00 CK: 1650 CT: 252221 BH: 124428

cert_org_lic Rev. 07/2010

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