



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Robert Shoemaker Enterprises, LLC

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

461 Smitty Ave. McCall, Idaho 83638

(Street Address)

P.O. Box 2149 McCall, Idaho 83638

(Mailing Address, if different than street address)

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

Robert Shoemaker

(Name)

461. Smitty Ave McCall, Idaho 83638

(Street Address)

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

Name

Robert Shoemaker

Address

P.O. Box 2149

McCall, Idaho 83638

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

P.O. Box 2149 McCall, Idaho 83638

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Robert V. Shoemaker

Typed Name: Robert Shoemaker

Signature _____

Typed Name: _____

Secretary of State use only

W77540