

Signature ____

Typed Name: yoochul chong

Typed Name: _____

Signature____

CERTIFICATE OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUL 16 PM 4: 10

1.	The name of the limited liability company is: The Pines LLC		SECRETARY OF STATE STATE OF IDAHO		
2.	The complete street and mailing addresses of the initial designated office:				
	3764 Hwy, 21 (Street Address)	Idaho City	ID		83631
			·		
3.	(Mailing Address, If different than street address and complete stree	•	ed agent:	·	
arv Ca	ımpbell	3764 Hwy. 21	Idaho City, ID 83631		
,,	(Name)	(Street Address)	- Idano C	idano oity, ib dood?	
5.	Mailing address for future corresponds	espondence (annual rep	oort notices):		02024
	0704 (iwy. 2)	idano City			83631
6.	Future effective date of filing (optional):		 _	
_	inature of a manager, memb	er or authorized	Secretary of	State use	only

IDAHO SECRETARY OF STATE 07/16/2014 05:00

CK:2063936 CT:172099 BH:1433501 16 100.00 = 100.00 ORGAN LLC #2

W140128

cert_org_lic Rev. 07/2010