



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1. The name of the limited liability company is:
Northern Financial Services, LLC
2. The street address of the initial registered office is:
18772 West Riverview Drive, Post Falls, Idaho 83854
and the name of the initial registered agent at the above address is:
Jack Schroeder
3. The mailing address for future correspondence is:
POB 909, Post Falls, Idaho 83877
4. Management of the limited liability company will be vested in:
Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Jack Schroeder</u>	<u>18772 W. Riverview Dr., Post Falls, ID 83854</u>
<u>Pamela Schroeder</u>	<u>18772 W. Riverview Dr., Post Falls, ID 83854</u>
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Jack W. Schroeder

Typed Name: Jack Schroeder

Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

Idaho Secretary of State
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Web Form

IDAHO SECRETARY OF STATE
06/20/2005 05:00
CK: 6663 CT: 166298 BH: 816891
1 @ 100.00 = 100.00 ORGAN LLC # 2

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