

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

7816 CED IN PM L: LC

4814	SEF	10	PM	4:	46

	(Instructions on back	of application	)	
<b>'</b>			SECHETANT OF STATE STATE OF IDAHO	
1.	The name of the limited liability con	прапу із:	STATE OF IDAMO	
	Hoag Family, LLC			
2.	The complete street and mailing add	dresses of the	initial designated office:	
	527 S. Lower Crystal Rd.,	Post Falls	, ID 83854	
	(Street Address) 527 S. Lower Crystal Rd., Post Falls, ID	83854		
	(Mailing Address, if different than street address)			
3.	The name and complete street addr	istered agent:		
	Paul D. Fitzpatrick	1200 W. Ironv	vood Dr., Ste. 315, Coeur d'Alene, ID	
	(Name)	(Street Address)		
4.	The name and address of at least o company:	ne member o	r manager of the limited liability	
	Name		Address	
	C. Thomas Hoag	527 S. Lower	Crystal Rd., Post Falls, ID 83854	
	Marsha K. Hoag	527 S. Lower	Crystal Rd., Post Falls, ID 83854	
5.	Mailing address for future correspor	•	•	
6				
U.	Future effective date of filing (option	ioi/,		
	nature of a manager, nember or	authorized		
Sic	mature A The Market		Secretary of State use only	
	ped Name: Paul D. Vizpatrick		IDAHO SECRETARY OF STATE	
- 3			09/19/2014 05:00	
Sid	nature		CK:PREPAID CT:3048 BH:144189 16 100.00 = 100.00 ORGAN LLC	
	ped Name:	10 20.00 = 20.00 EXPEDITE C		

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