







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004121278

Date

Date Filed: 1/7/2021 11:38:59 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Se descriptions below)	rvice (see Standard (filing fee \$100)
I. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Karnes Financial LLC
2. The complete street address of the principal office is:	
Principal Office Address	239 NORTH BRIDGE STREET, APT. 2 SAINT ANTHONY, ID 83445
3. The mailing address of the principal office is:	
Mailing Address	239 N BRIDGE ST
	APT 2 SAINT ANTHONY, ID 83445-1443
	SAIRT ARTHORY, ID 03443-1443
1. Registered Agent Name and Address	Davistanad Assaut
Registered Agent	Registered Agent Nathan Karnes
	Physical Address:
	239 NORTH BRIDGE STREET, APT. 2
	SAINT ANTHONY, ID 83445
	Mailing Address:
	239 N BRIDGE ST
	APT 2 SAINT ANTHONY, ID 83445-1443
I affirm that the registered agent appointed has	s consented to serve as registered agent for this entity.
Name	Address
1	39 NORTH BRIDGE STREET, APT. 2 SAINT ANTHONY, ID 83445
	39 NORTH BRIDGE STREET, APT. 2 SAINT ANTHONY, ID 83445
Signature of Organizer:	

Sign Here