

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

2014 DEC -3 AM 9: 04

	(matriculons on back of application	STATE OF IDAHO
1. Th	ne name of the limited liability company is:	STATE OF IDAHO"
	_	
_	SILKWOOD 145 LL	<del></del>
2. Tr	The complete street and mailing addresses of the initial designated office:	
_	14089 N. CHURCH RD., Ra	tharum 70 83838
(\$	Street Address) P.O. Bot 2013 Post Falls  Mailing Address, if different than street address)	7 1 83877
(1	Mailing Address, if different than street address)	10007
3. Th	The name and complete street address of the registered agent:	
	ELISABETH MOORE 1408	9 N. Church Rd, Rathdrum, 50 FD 83858
	Name) (Street Addres	FD 83858
	. The name and address of at least one member or manager of the limited liability company:	
	Name	<u>Address</u>
	Name Elisabeth Moore P.O.	3 ox 2013 Post Falls ID
_		83877
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_		
5. Ma	ailing address for future correspondence (annu	·
_	P.O. BOX 2013, Post Falls	s 71 83877
		·
6. Fu	iture effective date of filing (optional):	
		· [
Signat	ture of a manager, member or authorized	
erson	n. — — — — — — — — — — — — — — — — — — —	
	C1= (18/1)/1===	Secretary of State use only
Signat	ure thought though	IDAHO SECRETARY OF STATE
Typed	ure Elisabeth Moore Name: Elisabeth Moore	12/03/2014 05:00
	<del></del>	CK:1011 CT:277706 BH:145150
Signati	ure	10 100.00 = 100.00 ORGAN LLC
	Name:	

cert\_org\_lfc Rev. 07/2010

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