

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>. FILED EFFECTIVE 2017 JAN -5 AM 9: 19 SECRETARY OF STATE STATE OF IDAHO

1. The name of the limited liability company is: April Showers, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbraviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is: 2994 N. Highway 41, Post Falls, ID 83854 (Street Address)

P.O. Box 1073, Post Falls, ID 83854-1073 (Malling Address, If different)

3. The name of the registered agent and the street address of the registered agent:

Peyton Isakson	2994 N. Highway 41, Post Falls, ID 83854
(Name)	(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Peyton Isakson	2994 N. Highway 41, P.O. Box 1073, Post Falls, ID 83854-1073
(Name)	(Address)
(Name)	(Address)
(Namé)	(Address)
(Name)	(Address)

5. Mailing address for future correspondence (annual report notices): Peyton Isakson, P.O. Box 1073, Post Falls, ID 83854-1073 (Address)

Signature of organizer(s). (sakson/ Signature: -Printed Name: Peyten Isakson

Signature:

Printed Name: -----

Rev. 11/2015

Secretary of State use only

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