

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

12" YT4 AN 9:26

(Instructions on back of application)

-	The name of the limited liability co	ompany is: SECOLORY OF STATE
	CONTINENTA	L RE-GREEN DISTRIBUTION LLC.
2.	719 MC KINLEY AV. KELLOGG, IDAH	ddresses of the initial designated office:
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	NORMA R. WARNER	719 MC KINLEY AV. KELLOGG, IDAHO 83837
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	NORMA WARNER	719 MC KINLEY AV. KELLOGG, ID 838#37
	MINNIE WARNER	719 MC KINLEY AV KELLOGG, ID 83837
	Charpet K. Bean	719 McKinley A. Kellogg
5	Mailing address for future correspond	and an a formation of the sale
٠,	maning dadiood to later o controp	ondence (annual report notices):
.J.	719 MCKINLEY AV KELLOGG, ID 83	• • • • • • • • • • • • • • • • • • • •
	719 MCKINLEY AV KELLOGG, ID 83	837
	•	837
6.	719 MCKINLEY AV KELLOGG, ID 83 Future effective date of filing (option	837 onal):
6. Sig	719 MCKINLEY AV KELLOGG, ID 83 Future effective date of filing (option	837 onal):
6. Sig	719 MCKINLEY AV KELLOGG, ID 83 Future effective date of filing (option	837 onal):
6. Sig per Sig	719 MCKINLEY AV KELLOGG, ID 83 Future effective date of filing (option of a manager, member of a manager). gnature M2 Warner.	onal):or authorized
6. Sig per Sig	719 MCKINLEY AV KELLOGG, ID 83 Future effective date of filing (option of a manager, member of son.	onal):or authorized
6. Sig per Sig Typ	719 MCKINLEY AV KELLOGG, ID 83 Future effective date of filing (option of a manager, member of a manager). gnature M2 Warner.	onal): Or authorized Secretary of State use only IDANS SECRETARY OF STATE

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