



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN 17 AM 9:13

1. The name of the limited liability company is:

WEST 3773 FIFTH, LLC

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated/principal office:

3773 W. 5th Ave, Suite 311, Post Falls, ID 83854

(Street Address)

3773 W. 5th Ave, Suite 311, Post Falls, ID 83854

(Mailing Address, if different than street address)

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

Virginia O Walters

(Name)

3773 W 5th Ave., Suite 301, Post Falls, ID 83854

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

John R Coghlan

PO Box 488, St. Regis MT 59866

Wendy B Coghlan

PO Box 488, St Regis MT 59866

5. Mailing address for future correspondence (annual report notices):

3773 W. 5th Ave, Suite 311 Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature John R Coghlan

Typed Name: John R Coghlan, Manager

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/17/2011 05:00
CK: 2573 CT: 259983 BH: 1278877
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W104263