

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAR 25 AM 8: 34

| 1. | The name of the limited liability co | mpany is: nnette Bendinelli, LLC | SECAL BY OF STATE STATE OF IDAHO |
|---|---|--|---|
| 2. | The complete street and mailing addresses of the initial designated/principal office: 1240 West Palouse Drive | | |
| | (Street Address) Post Falls, Idaho 83854 (Mailing Address, if different than street address) | | |
| 3. | The name and complete street address of the registered agent: | | |
| | Jannette Bendinelli (Name) | 1240 West Palouse Drive (Street Address) | , Post Falls, ID 83854 |
| 4. | The name and address of at least one member or manager of the limited liability company: | | |
| | <u>Name</u> | E | <u>Address</u> |
| | Jannette Bendinelli | 1240 West Palouse Dr., F | Post Falls, ID 83854 |
| | | | |
| Mailing address for future correspondence (annual report notices): 1240 West Palouse Drive, Post Falls, ID 83854 | | | |
| 6. | Future effective date of filing (optio | onal): | |
| - | nature of a manager, member o son. | r authorized | |
| | nature a Common Time and Time | | Secretary of State use only |
| Тур | Innette Dendirelli | | |
| | nature | | , |
| Тур | ped Name: | and the state of t | IDAHO SECRETARY OF STATE 03/25/2011 05:0 |

cert_org_lic Rev. 07/2010

10440 SECKLIART OF STATE 03/25/2011 05:00 CK: 4825 CT: 133554 BH: 1266858 1 8 100.00 = 100.08 CRGAN LLC # 2