

Signature_ Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAR 28 AM 8: 17

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ted/principal office:	•				
83864					
	•				
ne limited liability					
83864	•				
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1.	The name of the limited liability company is:		on one of the second se	STALL OF IDAHO	
	Red	d Fir Investments LLC			
2.	The complete street and mailing ad 313 N. 2nd Ave, Sandpoint, ID 83864 (Street Address) P.O. Box 905, Sandpoint, ID 83864 (Mailing Address, if different than street address)	dresses of the init	al designated/principal	office:	
3.	The name and complete street add	ress of the registe	red agent:		
	Casey Krivor (Name)	313 N. 2nd Ave, Sa (Street Address)	andpoint, ID 83864		
4.	The name and address of at least o company:	ne member or ma	nager of the limited liab	ility	
	Name		<u>Address</u>		
	Casey Krivor	313 N. 2nd Ave, Sa	andpoint, ID 83864		
5.	5. Mailing address for future correspondence (annual report notices): P.O. Box 905, Sandpoint, ID 83864				
6.	5. Future effective date of filing (optional):				
per Sig	nature of a manager, member or son.	authorized	Secretary of State use o	nly	
TV	and Name: Casev Krivor	1			

cert_org_lic Rev. 07/2010

IDAHO SECRETARY OF STATE

03/28/2011 05:00

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