





## STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

## -FILED-

File #: 0006030157

12/18/2024

Date

Date Filed: 12/18/2024 12:31:17 PM

ertificate of Organization Limited Liability Compan Select one: Standard, Expedited or Sa descriptions below)		Standard (filing fee \$100)	
Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		Twisted Tamarack LLC	
. The complete street address of the principal offic	e is:		
Principal Office Address		784 S CLEARWATER LOOP	
		STE B POST FALLS, ID 83854	
The mailing address of the principal office is:  Mailing Address		784 S CLEARWATER LOOP	
Mailing Address		STE B	
		POST FALLS, ID 83854-9599	
Registered Agent Name and Address			
Registered Agent		NORTHWEST REGISTERED AGENT LLC	
		Commercial Registered Agent	
		Physical Address	
		784 S CLEARWATER LOOP STE B POST FALLS, ID 83854	
		Mailing Address	
		784 S CLEARWATER LOOP STE B	
		POST FALLS, ID 83854	
I affirm that the registered agent ap	pointed has consented	to serve as registered agent for this entity.	
Name		Address	
Alexandria Toman	STE B	784 S CLEARWATER LOOP STE B POST FALLS, ID 83854	
Chad Mentel	784 S CLEAR\	784 S CLEARWATER LOOP STE B POST FALLS, ID 83854-9599	

Nat Smith
Sign Here