## FILED EFFECTIVE

251



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAR 25 AM 9: 47

(Instructions on back of application)

SECHETAHY OF STATE

- E-	(Instituctions on baci	( or application)	STATE OF IDAHO	
1.	The name of the limited liability con	mpany is:		
	F	ane Solutions, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office:			
	517 Lewis St. #1, Moscow, Idaho 83843			
	(Street Address)	<del></del>		
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	United States Corporation Agents, Inc. (Name)	950 Bannock Street, Suite 1100, Boise, ID 83702 (Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name	<u>Address</u>		
David Lenz 517 Lewis		517 Lewis St. #1, Moscow, Id	St. #1, Moscow, Idahe 83843	
			1	
			·	
5.	Mailing address for future correspondence (annual report notices):			
٠.	517 Lewis St. App #1, Moscow, Idaho 83843			
	317 Lewis St. App #1, Muscow, Idano &	9043		
6	Future effective date of filing (option	·//cu		
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	nature of a manager, member or son.	authorized		
pera	ο	Se	cretary of State use only	
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_	ed Name: Cheyenne Moseley, Assistan			
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тyp	ed Name:		.00 = 100.00 ORGAN LLC	

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