



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 JAN -7 AM 9:12

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

590 Sky Hawk Dr., LLC.

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

590 Sky Hawk Dr. Spirit Lake, ID. 83869

(Street Address)

(Mailing Address, if different than street address)

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

CW Professional Services, LLC.

590 Sky Hawk Dr. Spirit Lake, ID. 83869

(Name)

(Street Address)

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

Name

Address

Christopher A. Wright

590 Sky Hawk Dr. Spirit Lake, ID. 83869

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

590 Sky Hawk Dr. Spirit Lake, ID. 83869

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Christopher A. Wright (Manager)

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

01/07/2015 05:00

CK:1108 CT:304898 BH:1456010

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