



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 APR 28 AM 9:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Dorene Carney, Disability Representative, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

1875 N Lakewood Dr. Coeur d'Alene, ID 83814

(Street Address)

PO Box 451, Hayden, ID 83835

(Mailing Address, if different)

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

Dorene Carney

1485 N Havichur Loop, Post Falls, ID 83854

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Dorene Carney

1485 N HAVICHUR Loop, Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 451, Hayden ID 83835

(Address)

Signature of organizer(s)

Signature:

Printed Name:

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/28/2017 05:00

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