



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2017 APR 28 AM 9:23

 SECRETARY OF STATE
STATE OF IDAHO

Title 30, Chapters 21 and 25, Idaho Code

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

 Complete and submit the application in duplicate.

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)

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

PO Box 451, Hayden ID 83835

(Address)

Signature of organizer(s)

 Signature: Dorene Carney

 Printed Name: Dorene Carney

Signature: _____

Printed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
04/28/2017 05:00
CK:1172 CT:338785 BH:1581556
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