

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 22 PM 3: 57

SECRETARY OF STATE
STATE OF IDAHO

The name of the limited liability compa	·	
	ora Bailey, LLC	
•	sses of the initial designated/principal office:]
(Street Address)	re., Lewiston,Idaho 83501	
(Sueet Address)		
(Mailing Address, if different than street address)		
The name and complete street address	s of the registered agent:	
Ben Cummings	1821 Cedar Ave., Lewiston, Idaho 83501	İ
	Street Address)	
The name and address of at least one company:	member or manager of the limited liability	
Name	Address	
Ben Cummings	1821 Cedar Ave., Lewiston, Idaho 83501	
		-
····		
Mailing address for future corresponde	ence (annual report notices):	
1821 Cedar Av	ve., Lewiston,Idaho 83501	
	SHA	
Future effective date of filing (optional)):	
gnature of organizer(s). (An organizer is a me	ember, or is	- 34
ing in behalf of a member or members).	Secretary of State use only	
gnature Mush Goe	Maria de la companya	
ped Name Jeff Bailey	IDAHO SECRETARY OF S 10/20/20/20/20/20/20/20/20/20/20/20/20/20	
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VY	IDAHO SECRETARY OF S	Tare
gnature	10/22/2009)

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