

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

	2014 OCT	15	AM I	:	20
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(Name) (Street) 4. The name and address of at least one memory: Name	D 83815 he registered agent: Lincoln Street, Post Falls, ID 83854 Address)
(Street Address) 3904 E. Mullan Ave., Suite F. Post Falls, ID 83854 (Mailing Address, if different than street address) 3. The name and complete street address of the Liz Williams Williams Accounting (Name) 4. The name and address of at least one memory company: Name	he registered agent: Lincoln Street, Post Falls, ID 83854 Address) The or manager of the limited liability Address
3904 E. Mullan Ave., Suite F, Post Falls, ID 83854 (Mailing Address, if different than street address) 3. The name and complete street address of the Liz Williams Williams 802 N. (Name) (Street) 4. The name and address of at least one memory company: Name	he registered agent: Lincoln Street, Post Falls, ID 83854 Address) Address Address
Liz Williams Williams Accounting (Name) 802 N. (Street) 4. The name and address of at least one memory company: Name	Lincoln Street, Post Falls, ID 83854 Address) The limited liability Address
(Name) (Street) 4. The name and address of at least one memory: Name	Address) The or manager of the limited liability Address
 The name and address of at least one memory: Name 	nber or manager of the limited liability Address
company: Name	Address
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5. Mailing address for future correspondence (
3904 E. Mullan Ave., Suite F, Post Falls, ID 83854	
Future effective date of filing (optional):	
ignature of a manager, member or author	ized
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