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251	FILED EFFESTIVE
CERTIFICATE OF	
(Instructions on back	
1. The name of the limited liability co	ompany is: SECRETARY OF STATE
Ge	emini Innovations, LLC
726 Sunnysi	ddresses of the initial designated/principal office: side Hill Rd. Sandpoint, Id. 83864
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street add	Iress of the registered agent:
William Hawkihs	726 Sunnyside Hill Rd. Sandpoint, Id. 83864
(Name)	(Street Address)
4. The name and address of at least of company: <u>Name</u> <u>William Hawkins</u> Karl Dye	one member or manager of the limited liability Address 726 Sunnyside Hill Rd. Sandpoint, Id. 83864 1814 Megan Ln. Sandpoint, Id. 83864
<ol> <li>5. Mailing address for future correspondence of the second second</li></ol>	6 Sandpoint, Id 83864
Signature of organizer(s). (An organizer is a acting in behalf of a member or members). Signature <u>villium</u> <u>Hawkins</u> Signature <u>William Hawkins</u> Typed Name: <u>Kar Dye</u>	Secretary of State use only

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