

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 NOV -4 AM 9: 04

	/Imatorations on her	المحدثات والمحاط والما		,	• • • • • • • • • • • • • • • • • • • •		
<u> </u>	(Instructions on bac	ck of applicati	ion)	,		FRY OF STA	
1. The	ne name of the limited liability company is:		•	STATE OF IDAHC			
	•		RARY HEIGHTS, L.L.C.				
. The	complete street and mailing a	ddresses of t	he initia	l designated	/princin	al office:	
	The complete street and mailing addresses of the initial designated/principal office: 1424 SHERMAN AVENUE, #300						
_	(Street Address)						
	COEUR D'ALENE, IDAHO 83814						
(Ma	ailing Address, if different than street address)	1					
. The	name and complete street ad	dress of the r	egistere	ed agent:			
				- uses OBA			
	HARLES M. DODSON		1424 SHERMAN AVE. #300 CDA, ID 83814 (Street Address)				
(144	ane)	(Street Addre	:85)				
The	name and address of at least	one member	or man	ager of the li	mited I	iability	
	npany:		·	g ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 	
	Name			Address			
CH	HARLES WINGARD	P.O. BOX	1118, PAC	CIFIC CITY, O	R 97135		
W	ILLIAM J. CONDON	424 W.	25th,	Spokane	WA	99203	
	ED CONDON	972 F	26+h	Ave. Spo	alean a	147 A A A A A A	
	ED CONDON	023 E.	20 CII	Ave., Spe	Mane	WA 332U	
_				· · · · · · · · · · · · · · · · · · ·			
	ling address for future correspond	•	•	ort notices):			
142	4 SHERMAN AVENUE #300, COEUI	R D'ALENE, ID	. 83814				
Fut	ure effective date of filing (option	onal):					
gnati	ire of a manager, member o	or authorized	t				
erson.				·		· · · · · · · · · · · · · · · · · · ·	
		\		Secretary	of State u	ise only	
gnatu							
/ped l	Name: CHARLES M. DODSON, A	TTORNEY					
gnatu	re						

IDAHO SECRETARY OF STATE
11/04/2011 05:00
CK: 5601 CT: 104274 BH: 1296958
1 0 100.00 = 100.00 ORGAN LLC # 2

W108081