



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN 12 PM 3:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Neslie Washington, LLC

2. The complete street and mailing addresses of the initial designated office:

3529 E. 1st Avenue, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Kimbell D. Gourley

(Name)

225 N. 9th Street, Suite 820, Boise, ID 83702

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Nelson Gourley

3529 E. 1st Avenue, Post Falls, ID 83854

Leslie Gourley

3529 E. 1st Avenue, Post Falls, ID 83854

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

3529 E. 1st Avenue, Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Kimbell D. Gourley

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/12/2015 05:00

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