

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2015 JUN 16 AM 8: 45

1. The name of the limited liabilit	y company is:	SECRETARY OF STATE STATE OF IDAHO	
Northern Idaho Property Managem	ent, L.L.C.		
2. The complete street and mailing	ng addresses of the	e initial designated office:	
36 Travis Lane	, Marie Sp	TO 82845	
P.O. Box 254 . To	mie Sarine		
(Mailing Address, if different than street add	rešs) 🐪 🔾		
3. The name and complete street	address of the req	gistered agent:	
Beate Clark	36 Travis Lan	36 Travis Laпе, Moyie Springs, ID 83845	
(Name)	(Street Address)	(Street Address)	
The name and address of at le company:	ast one member o	r manager of the limited liability	
Name Inffray Clark	26 Troyin Lan	Address 36 Travis Lane, Moyie Springs, ID 83845	
Jeffrey Clark		30 Havis Lane, Moyle Springs, ID 63645	
		<u> </u>	
5. Mailing address for future corre	nenondence (annu	al report notices):	
P.O. Box 254 Moyie Spring	•	arreport notices).	
			
6. Future effective date of filing (c	optional):		
	-		
Signature of a manager, membe person.	er or authorized		
	[IDANO SECRETARY OF STATE Secretary of State use only 16/16/2015 05:00	
signature K. Cloud		CK: 568 CT: 311404 RH-148884	
Typed Name: <u>Seate Cla</u>	vk	16 100.00 = 100.00 DRGAN LLC #2	
Cianatura			
Signature Typed Name:			
Typed Name.			

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