



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

09 OCT -5 AM 9:02

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

H.P. Limited, LLC

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

807 N MORTON ST., COLFAX, WA 99111

(Street Address)

(Mailing Address, if different than street address)

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

ROB MOORE

(Name)

1910 NW BLVD. #110, COEUR D' ALENE, ID 83814

(Street Address)

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

**Name**
**Address**

CASEY JONES

807 N MORTON ST., COLFAX, WA 99111

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

807 N MORTON ST., COLFAX, WA 99111

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

CASEY JONES

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

 IDAHO SECRETARY OF STATE  
10/05/2009 05:00  
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