

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

ALT TO	(Instructions on bac	k of application)	2013 MAN 27 AM 11: 59
1. The	ne name of the limited liability company is:		SECRETARITE STATE STATE OF JOAHO
	NorthWest Capital Improvement Group , LLC.		OTMIL C: IDMIN
2. The	The complete street and mailing addresses of the initial designated office: 439 E Shore Dr, 2nd floor, Eagle ID 83616		
•	reet Address) O Box 849 Eagle ID 83616		
	(Mailing Address, if different than street address)		
3. The	The name and complete street address of the registered agent:		
Ja	ason Haas	439 E Shore Dr Eagle I	D 83616
(N	ame)	(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
.ic	<u>Name</u> ihn McClure	Address 439 E Shore Dr Eagle ID 83616	
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5. Mai	ling address for future correspo	ndence (annual report	notices):
<u>P0</u>	D Box 849 Eagle ID 83616		
6. Fut	ure effective date of filing (option	nal):	
	ire of a manager, member or	authorized	
person.			Secretary of State use only
Signatu			occidently of otate use unity
	Name: Jason Haas		
ı ypeu i	vallic.		
Signatu	re		
Typed N	lame:		IDAHO SECRETARY OF STATE
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CK: 2175 CT: 185624 BH: 1366616 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3