



Revised 12/2018

## CERTIFICATE OF ORGANIZATION

THE STATE OF THE S		LIMITED LIA Title 30, Chapters 2	TE OF ORGAN ABILITY COMP 1 and 25, Idaho Code 00 + \$20.00 for manual prod	ANY	For Office Use Only  -FILED-  File #: 0005359852  Date Filed: 8/7/2023 12:24:00 PM	B0823-18 <u>68_08/0</u> 7/202
1.	The name of the limited liability company is:  Olive Avenue LLC  (Remember to include the words "Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., LLC, or LC)					2023 1
2.	The complete street and mailing addresses of the principal office is:  1387 E Rosewood Rd. Saint Maries, ID 83861  (Street Address)					.2:24 PM
3.	(Mailing Address, if different)  The name and complete street address of the registered agent:					<del></del>
<b>4</b> .	Brent Knutson  (Name)  13887 E. Rosewood Rd Saint Maries, ID 8386  (Address)  The name and address of at least one governor of the limited liability company:  Brent Knutson  13887 E. Rosewood Rd Saint Maries, ID 8386					ived by
	(Name)	S. Knutson	(Address)		aint Maries, ID 83861	Office
	(Name)		(Address)			of the
5.	(Name) (Address)  Mailing address for future correspondence (annual report notices):  13887 E. Rosewood Rd Saint Maries, ID 83861  (Mailing Address)					Idaho Se
Signature of organizer(s).						cret
Signature: Pamela S. Knutson  Secretary of State use only  Printed Name: Pamela S. Knutson						tary of Stat
	Signature: Pamela S Knewson					