







## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY

## **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

## -FILED-

File #: 0003877255

Date Filed: 5/14/2020 3:41:30 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) |                         | Standard (filling fee \$100)                     |     |
|--|-------------------------|--|-----|
| 1. Limited Liability Company Name  |                         |  |     |
| Type of Limited Liability Company  |                         | Limited Liability Company                        |     |
| Entity name  |                         | Three Feathers, LLC                              |     |
| 2. The complete street address of the principal office is:   |                         |  |     |
| Principal Office Address   |                         | 2355 RUSSEL RIDGE ROAD<br>NEZ PERCE, ID 83543    |     |
| 3. The mailing address of the principal office is:   |                         |  |     |
| Mailing Address  |                         | 2355 RUSSELL RIDGE RD                            |     |
|  |                         | NEZPERCE, ID 83543-5052                          |     |
| 4. Registered Agent Name and Address   |                         |  |     |
| Registered Agent   |                         | Registered Agent                                 |     |
|  |                         | Donald K Bybee<br>Physical Address:              |     |
|  |                         | 2355 RUSSELL RIDGE RD                            |     |
|  |                         | NEZPERCE, ID 83543-5052                          |     |
|  |                         | Mailing Address:                                 |     |
|  |                         | 2355 RUSSELL RIDGE RD<br>NEZPERCE, ID 83543-5052 |     |
| I affirm that the registered agent appoi   | nted has consented to   | o serve as registered agent for this entity.     |     |
| Name   |                         | Address  |     |
| Indille  |                         |  |     |
| Donald K Bybee   |                         | ELL RIDGE RD<br>ID 83543-5052                    |     |
|  | NEZPERCE,<br>2355 RUSSE |  |     |
| Donald K Bybee   | NEZPERCE,<br>2355 RUSSE | ID 83543-5052<br>ELL RIDGE RD                    |     |
| Donald K Bybee Linda A Bybee   | NEZPERCE,<br>2355 RUSSE | ID 83543-5052<br>ELL RIDGE RD                    | 020 |