

CERTIFICATE OF ORGANIZATION EFFECTIVE LIMITED LIABILITY COMPANY

2011 EED 22 PM 3: 5h

		1		WHILED YY IN 2. 24
	(Instructions on back of	of application))	SE SE PARE SE SERVE
1	The name of the limited liability comp	pany is:	ļ	STATE OF TOAHO
		21st Street LLC	4	
9	The complete street and mailing add	resses of the	i e	nitial designated/principal office:
٤.	1306 N. Division St., Spokane, WA 99202		.	
	(Street Address)		\vdash	
	(Malling Address, if different than street address)		<u> </u>	
2	The name and complete street addre	ess of the rev	Jis	tered agent:
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	Preston Hawkins		_	41, Post Falls, ID 83854
	(Name)	(Street Address	٦.	·
		,		File Posta of the Greek
4.	The name and address of at least on	ne member d	or	manager of the limited liability
	company:		ļ	Áddress
	<u>name</u> Preston Hawkins	750 N. Hiahv	/av	41, Post Falls, ID 83854
			<u> </u>	y 41, Post Falls, îD 83854
	Carrie Hawkins		_	
	Patrick Vollmer	1306 N. Divis	sio	St., Spokane, WA 99202
	Ting Volimer	1306 N. Divis	sio	n St., Spokane, WA 99202
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			_	
		•	1	
5 .	i. Mailing address for future correspondence (annual report notic			report notices):
	1306 N. Division St., spokane, WA 99202			
			1 -	
6.	Future effective date of filing (options	al):		
			! 	
_	nature of a manager, member or	authorized		
per	rson.			Secretary of State use only
Sin	nature / Winter Blank			
	ped Name: Preston Hawkins			
, ,				
Sig	nature		i - 	
-	ped Name:			TRAHA AFARFTARY OF AFAFF
•				IDAHO SECRETARY OF STATE OP/23/2011 05:00

cert_org_lic Rev. 07/2010

CK: 612294 CT: 172099 BH: 1261074 1 9 180.66 = 160.80 ORGAN LLC # 2