## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION

		LITY COMPA	
101	(Instructions on b	ack of application)	SECRETARY OF SYATE STATE OF IDAHO
. The	name of the limited liability	company is:	
Mile	es, LLC		
	The complete street and mailing addresses of the initial designated office:		
	97 Blume Hill Road, Bonners Ferry	, ID 83805	
•	(Street Address) P.O. Box 764, Moyle Springs, ID 83845		
(Mai	lling Address, if different than street address	ss)	
3. The	name and complete street a	ddress of the registe	ered agent:
Tor	m Oxford	1297 Blume Hill R	oad, Bonners Ferry, ID 83805
(Na	me)	(Street Address)	
	name and address of at leas pany: Name	st one member or m	anager of the limited liability
Oxf	ford, Inc.	P.O. Box 764, Mo	yie Spirngs, ID 83845
			,
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5. Mail	ling address for future corres	pondence (annual re	eport notices):
 5. Mail	ling address for future corres	pondence (annual re	eport notices):
			eport notices):
	ling address for future corres are effective date of filing (op		eport notices):
 6. Futu	re effective date of filing (op	tional):	eport notices):
 6. Futu Signatu		tional):	eport notices):
 6. Futu	re effective date of filing (op	tional):	
6. Futu Signatu person.	re effective date of filing (op	tional):	eport notices): Secretary of State use only
6. Futu Signatu person. Signatur	re effective date of filing (op re of a manager, member	tional):	Secretary of State use only
6. Futu Signatu person. Signatur	re effective date of filing (op	tional):	Secretary of State use only  IDAHO SECRETARY OF STATE
6. Futu Signatu person. Signatur Typed N	re effective date of filing (op re of a manager, member e	tional):	Secretary of State use only  IDANO SECRETARY OF STATE  10/31/2014 05:00
6. Futu Signatu person. Signatur	re effective date of filing (op re of a manager, member e	tional):	Secretary of State use only  IDAHO SECRETARY OF STATE

0/21/2012

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