



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2011 DEC -8 PM 2:19

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

TWYLA M PETERSEN LLC

2. The complete street and mailing addresses of the initial designated office:

306 N SPOKANE ST UNIT J POST FALLS, ID 83854

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

TWYLA M PETERSEN

(Name)

15978 HOLLISTER HILLS DR HAUSER, ID 83854

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

TWYLA M PETERSEN

Address

15978 HOLLISTER HILLS DR HAUSER, ID 83854

   
   
   
   
   
   
   
 

   
   
   
   
   
   
   
 

5. Mailing address for future correspondence (annual report notices):

306 N SPOKANE ST UNIT J POST FALLS, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Tyler M. Petersen

Typed Name: Tyler M. Petersen

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/08/2011 05:00  
CX: 849266 CT: 172099 BH: 1300939  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3