

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application) 2014 JUN 24 AM 8: 27

1.	The name of the limited liability com	opany is: SECRETARY OF STATE STATE OF BANG	
2.	The complete street and mailing add 3414 16th street Lewiston ID 83501 (Street Address)	dresses of the initial designated office:	
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Matthew Funke	3414 16th street Lewiston ID 83501	
	(Name)	(Street Address)	
4.	The name and address of at least or company:	ne member or manager of the limited liability	
	Name	Address	
	Matthew Funke	3414 16th street Lewiston ID 83501	
5.	Mailing address for future correspon 3414 16th street Lewiston ID 83501	ndence (annual report notices):	
6.	Future effective date of filing (option	nal):	
_	gnature of a manager, member or rson.	authorized	
•	. 15	Secretary of State use only	
	nature M	1DAMO SECRETARY OF STATE 06/24/2014 05:00	
Ty	ped Name: Matthew Funke	CK:1191 CT:298318 BH:1430512 16 100.00 = 100.00 ORGAN LLC #	
Sic	nature	The state of the s	
	ped Name:	1	

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