

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 FEB -9 PM 1:54 SECRETARY OF STATE

1. The name of the limited liability company is:

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is: 503 E 15th Ave. Best Falls, Id. 8389

(Mailing Address, if different)

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

503 E. 15th Ave, Post Falls, Tol. 83854

4. The name and address of at least one governor of the limited liability company:

503 E. 15th Ave, Lost Falls, T.d. 83854 ichael Va entre 503 E. 15th Hive, Kost Falls, Id 83854 ente 503E. 16th Ave., Kost Falls, Td. 83554 ente 503 E 15th Aver, Post Falls, Td. 53554 Mailing address for future correspondence (annual report notices) 5. 15th Ave, tost Falls, Id

Signature of organizer(s).

Printed Name: Erin Valente
Signature: Erin R. Valenta
Printed Name: Michael A. Valente
Signature: Mechoel H. Colate
Rev. 08/2015

Secretary of State use only

IDANO SECRETARY OF STATE 02/09/2016 05:00 CK:1798 CT:132238 BH:1512894 10 100.00 = 100.00 ORGAN LLC #2 10 20.00 = 20.00 CORP SUR #3 10 20.00 = 20.00 EXPEDITE C #4

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