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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2011 MAY 11 AM 8:48

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

TRAILS END ESTATES, LLC

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

513 W APPLEWAY, COEUR d'ALENE ID 83814

(Street Address)

P. O. BOX 72, POST FALLS ID 83877

(Mailing Address, if different than street address)

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

DANIEL TREEND

(Name)

513 W APPLEWAY, COEUR d'ALENE ID 83814

(Street Address)

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

Name

Address

DANIEL TREEND

P. O. BOX 72, POST FALLS ID 83877

ROY SCHONS

P. O. BOX 72, POST FALLS ID 83877

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

P. O. BOX 72, POST FALLS ID 83877

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: DANIEL TREEND

Secretary of State use only

Signature

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

IDAHO SECRETARY OF STATE  
05/11/2011 05:00  
CK: 675159 CT: 172099 BH: 1273129  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W103200