

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY FILED EFFECTIVE

Filing fee: \$100 typed, \$120 not typed

2018 FEB -2 AM 9: 04

Complete and submit the application in duplicate.

The name of the limited liability company is: 1.

Printed Name:

Rev 11/2015

(Remember to include the wor	ds "Limited Liability Company," "Li	mited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and mailir	-	pal office is:
6121 Cleveland Blvd Ste 109	Caldwell ID 83607	
(Street Address)		
(Mailing Address, if different)		
The name of the registered ag	ent and street address of	the registered agent:
Registered Agents Inc.	784 S. Clearwater Loop, Ste R Post Falls, ID 83854	
(Name)	(Address cannot be a post office box or postal mail box)	
The name and address of at le	ast one governor of the li	mited liability company:
Bobbi Randall	6121 Cleveland Blvd Ste 109 Caldwell ID 83607	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
Mailing address for future corr	espondence (annual repr	ort notices).
6121 Cleveland Blvd Ste 109	•	
(Address)		
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ature of organizer(s).		Secretary of State use only
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