

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

995 Neufeld Ln Post Falls, Idaho 83854 (Street Address) (Mailing Address, if different than street address) The name and complete street address of the registered agent: Hal Campbell (Name) 995 Neufeld Ln Post Falls, Idaho 83854 (Street Address)
2. The complete street and mailing addresses of the initial designated/principal 995 Neufeld Ln Post Falls, Idaho 83854 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Hal Campbell 995 Neufeld Ln Post Falls, Idaho 83854 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited lia company: Name Address Kathy Campbell 995 Neufeld Ln Post Falls, Idaho 83854 Ty Campbell 995 Neufeld Ln Post Falls, Idaho 83854
995 Neufeld Ln Post Falls, Idaho 83854 (Street Address) (Mailing Address, if different than street address) The name and complete street address of the registered agent: Hal Campbell 995 Neufeld Ln Post Falls, Idaho 83854 (Name) (Street Address) The name and address of at least one member or manager of the limited lia company: Name Address Kathy Campbell 995 Neufeld Ln Post Falls, Idaho 83854 Ty Campbell 995 Neufeld Ln Post Falls, Idaho 83854
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(Name) (Street Address) The name and address of at least one member or manager of the limited lia company: Name Address Kathy Campbell 995 Neufeld Ln Post Falls, Idaho 83854 Ty Campbell 995 Neufeld Ln Post Falls, Idaho 83854
The name and address of at least one member or manager of the limited lia company: Name Address Kathy Campbell Ty Campbell 995 Neufeld Ln Post Falls, Idaho 83854
Company: Name Address Kathy Campbell 995 Neufeld Ln Post Falls, Idaho 83854 Ty Campbell 995 Neufeld Ln Post Falls, Idaho 83854
Trevor Campbell 995 neufeld Ln Post Falls, Idaho 83854
5. Mailing address for future correspondence (annual report notices):
995 Neufeld Ln Post Falls, Idaho 83854
6. Future effective date of filing (optional):
o. I didre ellective date of ming (optional).
Signature of a manager, member or authorized

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Typed Name: Hat Campbell

Signature Typed Name: Kathy Campbell

IDAHO SECRETARY OF STATE

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