



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 APR 23 PM 3:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lawrence Enterprises, LLC

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

5539 E. Marina Ct., Post Falls, ID 83854

(Street Address)

Same

(Mailing Address, if different than street address)

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

Casey Lawrence

5539 E Marina Ct., Post Falls, ID 83854

(Name)

(Street Address)

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

Name**Address**

Keitha Lawrence

5539 E Marina Ct., Post Falls, ID 83854

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

5539 E. Marina Ct., Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Casey LawrenceTyped Name: Casey Lawrence

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/23/2014 05:00

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