







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY

**COMPANY** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003873049

Date Filed: 5/8/2020 12:19:46 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Se descriptions below) | rvice (see     | Standard (filing fee \$100)  |   |
|--|----------------|--|---|
| 1. Limited Liability Company Name  |                |  |   |
| Type of Limited Liability Company  |                | Limited Liability Company  |   |
| Entity name  |                | KEITH SIBERT ET AL PTR LLC   |   |
| 2. The complete street address of the principal office is:   |                |  |   |
| Principal Office Address   |                | KEITH SIBERT<br>36 RIVERDALE DR<br>SAINT MARIES, ID 83861                                    |   |
| 3. The mailing address of the principal office is:   |                |  |   |
| Mailing Address  |                | KEITH SIBERT<br>36 RIVERDALE DR<br>SAINT MARIES, ID 83861-2302                               |   |
| 4. Registered Agent Name and Address   |                |  |   |
| Registered Agent   |                | Registered Agent<br>WARREN N ERICKSON CPA<br>Physical Address:<br>618 COLLEGE AVE<br>SUITE 1 |   |
|  |                | SAINT MARIES, ID 83861<br>Mailing Address:<br>618 W COLLEGE AVE<br>STE 1                     |   |
|  |                | SAINT MARIES, ID 83861-5010  |   |
| ☑ I affirm that the registered agent appointed ha  | s consented to | serve as registered agent for this entity.   |   |
| 5. Governors   |                |  |   |
| Name   |                | Address  |   |
|  | KEITH S        | KEITH SIBERT<br>36 RIVERDALE DR<br>SAINT MARIES, ID 83861                                    |   |
| KEITH D SIBERT   |                |  |   |
| KEITH D SIBERT  Signature of Organizer:  |                |  |   |
|  |                |  | 0 |