

Signature ___

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 SEP 15 AM 9: 20

(Instructions on back of application) 1. The name of the limited liability company is: **Double Stork LLC** 2. The complete street and mailing addresses of the initial designated office: 1200 Hoo Doo Mtn. Rd. Priest River, ID 83856 (Street Address) PO Box 1222 Priest River, ID 83856 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Sara Bartsoff 1200 Hoo Doo Mtn. Rd. Priest River, ID 83856 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Sara Bartsoff 1200 Hoo Doo Mtn. Rd. Priest River, ID 83856 Mailing address for future correspondence (annual report notices): PO Box 1222 Priest River, ID 83856 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only OF STATE Signature | 09/15/2014 05:00 Typed Name: Sara Bartsoff CK:2001 CT:271223 BH:1441252 10.00.00 = 100.00 ORGAN LLC #2

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