

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 SEP -8 PM 12: 01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Wynn Enterprises LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

5713 E. Shoreline Dr.

(Street Address)

Post Falls

(City)

ID 83854

(State)

(Zipcode)

(Mailing Address, if different)

(City)

(State)

(Zipcode)

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

Jack Wynn Gustavel

(Name)

5713 E. Shoreline Dr.

(Address)

Post Falls

(City)

ID 83854

(State)

(Zipcode)

4. The name and address of at least one governor of the limited liability company:

Jack Wynn Gustavel

(Name)

5713 E. Shoreline Dr.

(Address)

Post Falls

(City)

ID 83854

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

5713 E. Shoreline Dr.

(Address)

Post Falls

(City)

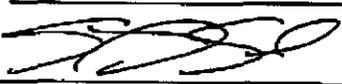
ID 83854

(State)

(Zipcode)

Signature of organizer(s).

Printed Name: Seamus P. Smith

Signature: 

Printed Name: _____

Signature: _____

Rev 07/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

09/08/2015 05:00

CK:3187256 CT:172099 BH:1491263

I@ 100.00 = 100.00 ORGAN LLC #2

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