



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN 16 AM 9:48

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

4-Account Ability LLC

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

1174 Loveland Ln

(Street Address)

Fish Haven ID 83287

(Mailing Address, if different than street address)

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

Cheree Lutz

(Name)

1174 Loveland Ln Fish Haven

(Street Address)

ID 83287

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

Name

Address

Cheree Lutz

1174 Loveland Fish Haven ID 83287

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

same

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name:

Cheree Lutz

Signature

Typed Name:

Secretary of State use only

W183278

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01/16/2014 05:00  
CK: 1672958 CT: 172099 BH: 1406237  
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