

Typed Name: ___

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 21 AM 10: 03

SECRETARY OF STATE

1.	The name of the limited liability company i	is:	STATE OF IDAHO	
	Whiskey Rive	er Idaho, LLC	•	
2.	The complete street address, and mailing address if different, of the initial designated/ principal office:			
	609 N Syringa Street	Post Falls ID	83854	
3.	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:			
	James D. Dickinson, 609 N Syrin	nga Street Pos	st Falls, ID 83854	
4.	The name and address of at least one mem company:	ber or man	ager of the limited liability	
	Name	Address		
	James D. Dickinson	609 N Syringa Street Post Falls ID 83854		
5.	Mailing address for future correspondence (a	annual repo	rt notices):	
	609 N Syringa Street F	Post Fails ID 8	3854	
6.	Future effective date of filing (optional):			
Sign or is	nature of an organizer(s). (An organizer is a memi acting in behalf of a required, and existing, initial mem	ber, nber		
or me	embers).	F-4-4 (A-1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	Secretary of State use only	
Sign	ature A	D. P. P.	•	
_	ed Name: James D. Dickinson	. Series	*	
• •	ature	ms/LC formal leed 07/2008	IDAHO SECRETARY OF STATE 07/21/2008 05:00 CK: 18895 CT: 26377 BH: 1127942 1 0 100.00 = 100.00 Organ LLC # 2	