

251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 FEB -6 PM 4:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

VCD, LLC

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

309 E Lake Street, Suite 1, McCall, ID 83638

(Street Address)

(Mailing Address, if different than street address)

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

Kathleen F. Roma CPA PLLC

(Name)

1045 S Ancona Ave., Suite 150 Eagle, ID 83616

(Street Address)

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

Name

Address

Chance Hobbs

1244 Herrick Street McCall, ID 83638

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

1045 S Ancona Ave., Suite 150 Eagle, ID 83616

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Chance Hobbs

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/07/2014 05:00
CK: 1695637 CT: 172899 BH: 1409501
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