

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

·	SECRETARIA
1. The name of the limited liab	ility company is: STATE OF STATE
	SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mai 709 Warner Avenue, Lewiston, k	iling addresses of the initial designated office:
·	
(Mailing Address, if different than street a	
The name and complete stre	eet address of the registered agent:
Jacob E. Reisenauer	326 East Sixth Street, Moscow, Idaho 83843
(Name)	(Street Address)
The name and address of at company:	least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Darla Picchena	709 Warner Avenue, Lewiston, Idaho 83501
Mailing address for future co	rrespondence (annual report notices):
709 Warner Avenue, Lewiston, Id	laho 83501
Future effective date of filing	(optional):
Signature of a manager, mem	ber or authorized
person.	Secretary of State use only
Signature	
Typed Name: Jacob E. Reisenauer,	. LLC attorney
The mitaline	
Signature	IDAHO SECRETARY OF STAT
Typed Name:	03/01/2012 05
JP-04 1401110.	CK: 1113 ET: 48330 RH: 13

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