



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL 18 AM 9:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lake Creek Inn, LLC

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

1869 E Seltice Way # 370 Post Falls Idaho 83854

(Street Address)

(Mailing Address, if different than street address)

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

Stonebridge Homes LLC

(Name)

2745 Sand Trap Way Post Falls ID 83854

(Street Address)

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

Name

Address

Don Giannini

2745 Sand Trap Way Post Falls ID 83854

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

1869 E Seltice Way #370 Post Falls ID 83854

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Don Giannini

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/18/2011 05:00
CK: 1385 CT: 235113 DH: 1262925
1 @ 100.00 = 100.00 ORGAN LLC N 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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