

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

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	out (
	Do4Others, LLC.
The complete street and mailir	ng addresses of the initial designated office:
641 Talache Rd., Sagle, ID 83860	
(Street Address)	
PO Box 1108, Sagle, ID 83860 (Mailing Address, if different than street add	(msc)
i ne name and complete street	t address of the registered agent:
Edward E. Bauer	641 Talache Rd., Sagle, ID 83860
(Name)	(Street Address)
The name and address of at le company: Name	east one member or manager of the limited liability Address
Edward E. Bauer	641 Talache Rd., Sagle, ID 83860
	2.1. (3.0.0.1.)
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Mailing address for future corre	espondence (annual report natices):
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PO Box 1108, Sagle, ID 83860	
PO Box 1108, Sagle, ID 83860	ontional):
PO Box 1108, Sagle, ID 83860	optional):
PO Box 1108, Sagle, ID 83860 Future effective date of filing (c	
PO Box 1108, Sagle, ID 83860 Future effective date of filing (contact of a manager, member)	
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PO Box 1108, Sagle, ID 83860 Future effective date of filing (construction of a manager, members on.	er or authorized Secretary of State use only
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