



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 SEP -4 AM 9:30

1. The name of the limited liability company is:

SECRETARY OF STATE  
STATE OF IDAHO

Register Station LLC

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

1371 N Havichur Lp

(Street Address)

Post Falls ID 83854

(Mailing Address, if different than street address)

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

Gabriel Booher

(Name)

1371 N Havichur Lp Post Falls

(Street Address)

ID  
83854

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

**Name**

**Address**

Gabriel Booher

1371 N Havichur Lp Post Falls ID  
83854

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

1371 N Havichur Lp Post Falls ID 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name:

Gabe Booher

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/04/2012 05:00  
CK: 1181 CT: 254239 BH: 1336378  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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