







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003571973

07/17/2019

Date

Date Filed: 7/17/2019 5:21:44 PM

| Certificate of Organization Limited Liabilit | y Company | | |
|--|--------------------------------|---|--|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Standard (filing fee \$100) | |
| Standard service filings are pr | ocessed in the order received. | | |
| Expedited service filings are p | rocessed within 8 working hou | rs of receipt. | |
| Same Day Service filings mus | t be received by 1:00 pm MST, | for same day service. | |
| Please select carefully as ex | pedite fees are non-refundal | ble. | |
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Reese LLC | |
| 2. The complete street address of the prin | cipal office is: | | |
| Principal Office Address | | SCOTT REESE | |
| | | 604 E LUNCEFORD LN COEUR D ALENE, ID 83815 | |
| O The coefficient address of the coefficient of | | OOLON B ALLINE, IB GOOTE | |
| The mailing address of the principal office is: Mailing Address | | SCOTT REESE | |
| | | 604 E LUNCEFORD LN | |
| | | COEUR D ALENE, ID 83815-5145 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent | |
| | | Scott Reese | |
| | | Physical Address: SCOTT REESE | |
| | | 604 E LUNCEFORD LN | |
| | | COEUR D ALENE, ID 83815 | |
| | | Mailing Address: | |
| | | SCOTT 604 E LUNCEFORD LN | |
| | | COEUR D ALENE, ID 83815-5145 | |
| 5. Governors | | | |
| Name | | Address | |
| Scott Reese | SCOTT | SCOTT | |

7953 S BEAUTY CREEK RD COEUR D ALENE, ID 83814

Signature of Organizer:

Scott n reese

Sign Here