				TIVE
	CERTIFICATE OF C		N 2015 MAR 20	AM 8 39
(Instructions on back of application)			SECRETARY	
1. The name of the limited liability company is:			STATE O	FIDAHO
Sue	SAN M, BENNETT LL	с		
2. The c	omplete street and mailing ad	dresses of the initial de	esignated office:	
(Street	095 E. TIMBER LANE Address)	, COEUR D'ALEN	E, ID 83815	
(Mailin	g Address, if dilferent than street address)			
3. The n	ame and complete street addr	ess of the registered a	igent:	
(Name	SAN M. BENNETT	(Street Address)	ID B3815	E
4. The n compa	ame and address of at least o any:	ne member or manage	er of the limited liability	
	Name		Address	
SU	SAN M. BENNET		R LN, COEUR D'ALEN	
<u> </u>	EN MCGUIRE	CO2 E. LUNCEF	ORDAVE, CDA, ID	83815
	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>pi</u>	<u> </u>	
-				
	ig address for future correspor	· ·	,	
1099	5 E. TIMBER LN, COEL	R D'ALENE, ID	83815	
6. Future	e effective date of filing (optior	nal):		
		······································		
Signature	e of a manager, member or	authorized		
person.		- 	Secretary of State use only	ана <b>а</b> ро I
Signature	Sugan Mannath	2	Secretary of State USE Unity	
Signature Would Welmell Typed Name: SUSAN M. BENNETT			IDAHO SECRETARY OF S	
rypeu na			03/20/2015 05: K:1027 CT:307909 BH:	
Signature	₩₩±±±₩±±±₩₩₩±₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	13	100.00 = 100.00  ORG	
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