

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 MAR -5 AM 8= 25

. The name of the limited liability compan	ny is: id Tube LLC	SECRETARY OF STATE STATE OF IDAHO	
The complete street and mailing addres		designated/principal office	
(Street Address)			
(Mailing Address, if different than street address)			
The name and complete street address	of the registere	d agent:	
Dwight Jividen	413 Cabarton	Road, Cascade ID 83611	· ·
	itreet Address)		
The name and address of at least of company: Name Robin Miller	413 Cabarto	Address n Road, Cascade ID 83611	
	,		<u> </u>
	•	en e	
5. Mailing address for future corresponde 413 Cabarton I	ence (annual rep Road, Cascade ID	oort notices): 83611	***************************************
6. Future effective date of filing (optional):		
Signature of organizer(s). (An organizer is a m	·		
octing in behalf of a member or members).		Secretary of State use only	
Signature <u>Vurgto funden</u> Typed Name: <u>Dwight Jividen</u>	ant_org_Bc.PiMD	W9129	7
Signature	Vormal LC formation	IDAHO SECRETARY OF 03/05/2010 (CK: 923 CT: 17801 BH	STATE 85 = 00 1: 12118
Digitature	forms	1 = 180°00 = 190°00 Au	WINT LLL