

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY | 1 FEB 25 AM 8: 34

Cold y Locks Investments, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 504 Grove Avenue, Parma, Idaho 83660 (Street Address) P.O. Box 9, Parma, Idaho 83660 (Melling Address, if different than street address) 3. The name and complete street address of the registered agent: Shawn Hyde 504 Grove Avenue, Parma, Idaho 83660 (Name) Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Shawn Hyde 504 Grove Avenue, Parma, Idaho 83660 504 Grove Avenue, Parma, Idaho 83660 505 Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Shawn Hyde Signature Signat		(Instructions or	n back of application)	SECRE BY OF STATE STATE OF IDAHO	
2. The complete street and mailing addresses of the initial designated/principal office: 504 Grove Avenue, Parma, Idaho 83660 [Street Address] P.O. Box 9, Parma, Idaho 83660 [Milling Address, if different than street address) 3. The name and complete street address of the registered agent: Shawn Hyde Source Avenue, Parma, Idaho 83660 [Name] 4. The name and address of at least one member or manager of the limited liability company: Name Addresse Shawn Hyde 504 Grove Avenue, Parma, Idaho 83660 5. Mailing address for future correspondence (annual report notices): P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filling (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature	1.	he name of the limited liability company is:		STATE OF IDAHO	
504 Grove Avenue, Parma, Idaho 83660 [Sirset Address] P.O. Box 9, Parma, Idaho 83660 [Milling Address, if different than street address of the registered agent: Shawn Hyde 504 Grove Avenue, Parma, Idaho 83660 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Shawn Hyde Shawn Hyde Shawn Hyde Shawn Hyde Address Shawn Hyde Signature of a manager, member or authorized person. Signature Signature Shawn Hyde Signature Signature Shawn Hyde Signature Signature Signature Shawn Hyde		Gold y Locks Investments, LLC			
(Street Address) P.O. Box 9, Parma, Idaho 83660 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Shawn Hyde (Name) 504 Grove Avenue, Parma, Idaho 83660 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Shawn Hyde 504 Grove Avenue, Parma, Idaho 83660 5. Mailing address for future correspondence (annual report notices): P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Signature Shawn Hyde Signature	2.	The complete street and mailing addresses of the initial designated/principal office:			
P.O. Box 9, Parma, Idaho 83660 (Mailling Address, if different than street address) 3. The name and complete street address of the registered agent: Shawn Hyde (Name) Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Shawn Hyde 504 Grove Avenue, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Si		504 Grove Avenue, Parma, Idaho 83660			
(Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Shawn Hyde (Name) 504 Grove Avenue, Parma, Idaho 83660 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Shawn Hyde 504 Grove Avenue, Parma, Idaho 83660 5. Mailing address for future correspondence (annual report notices): P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filling (optional): Signature of a manager, member or authorized person. Signature					
Shawn Hyde (Name) 504 Grove Avenue, Parma, Idaho 83660 (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address Shawn Hyde 504 Grove Avenue, Parma, Idaho 83660 5. Mailing address for future correspondence (annual report notices): P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature					
4. The name and address of at least one member or manager of the limited liability company: Name Address Shawn Hyde 504 Grove Avenue, Parma, Idaho 83660 5. Mailing address for future correspondence (annual report notices); P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature	3.	The name and complete street address of the registered agent:			
4. The name and address of at least one member or manager of the limited liability company: Name Address Shawn Hyde 504 Grove Avenue, Parma, Idaho 83660 5. Mailing address for future correspondence (annual report notices): P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Signature Shawn Hyde Signature Signature Shawn Hyde Signature		Shawn Hyde	504 Grove Avenue, Pa	rma, Idaho 83660	
Shawn Hyde Signature of a manager, member or authorized person. Signature Signature Signature Signature Shawn Hyde Signature Signature Shawn Hyde Signature Shawn Hyde Signature Signature Shawn Hyde Signature Signature Shawn Hyde Signature Signature Signature Shawn Hyde Signature		(Name)	(Street Address)		
504 Grove Avenue, Parma, Idaho 83660 5. Mailing address for future correspondence (annual report notices): P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: Shawn Hyde Signature Signature	4.	company:			
5. Mailing address for future correspondence (annual report notices): P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: Shawn Hyde Signature Signat					
P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Si		Shawn Hyde 504 Grove Avenue, Palma, Idaho 03000			
P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: Shawn Hyde Signature Signature Shawn Hyde IDAHO SECRETARY OF STATE 102/25/2011 05:00 CK: 11615 CT: 255898 BH: 1261549					
P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: Shawn Hyde Signature Signature Shawn Hyde IDAHO SECRETARY OF STATE 102/25/2011 05:00 CK: 11615 CT: 25898 BH: 1261549					
P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: Shawn Hyde Signature Signature Shawn Hyde IDAHO SECRETARY OF STATE 102/25/2011 05:00 CK: 11615 CT: 25898 BH: 1261549					
P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: Shawn Hyde Signature Signature Shawn Hyde IDAHO SECRETARY OF STATE 102/25/2011 05:00 CK: 11615 CT: 25898 BH: 1261549					
P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: Shawn Hyde Signature Signature Shawn Hyde IDAHO SECRETARY OF STATE 102/25/2011 05:00 CK: 11615 CT: 25898 BH: 1261549					
P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: Shawn Hyde Signature Signature Shawn Hyde IDAHO SECRETARY OF STATE 102/25/2011 05:00 CK: 11615 CT: 25898 BH: 1261549					
P.O. Box 9, Parma, Idaho 83660 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Signature Typed Name: Shawn Hyde Signature Signature Shawn Hyde IDAHO SECRETARY OF STATE 102/25/2011 05:00 CK: 11615 CT: 255898 BH: 1261549	_	Marillan adduses for fortune com		. mallana).	
6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Typed Name: Shawn Hyde IDAHO SECRETARY OF STATE 102/25/2011 05:00 CK: 11615 CT: 255898 BH: 1261549	ວ.	<u>-</u>	espondence (annual report	notices);	
Signature of a manager, member or authorized person. Signature Typed Name: Shawn Hyde IDAHO SECRETARY OF STATE 02/25/2011 05:00 CK: 11615 CT: 255898 BH: 1261549		P.O. Box 9, Parma, Idano 83660			
Signature	6.	Future effective date of filing (optional):		
Signature Signature Signature Signature Signature Signature Signature CK: 11615 CT: 255898 BH: 1261549					
Signature Typed Name: Shawn Hyde IDAHO SECRETARY OF STATE 02/25/2011 05:00 CX: 11615 CT: 255898 BH: 126154	Sign	nature of a manager, memb	er or authorized		
Signature Typed Name: Shawn Hyde Signature Brian Hyde CK: 11615 CT: 255898 BH: 1261549	pers	son.		Secretary of State use only	
Typed Name: Shawn Hyde IDAHO SECRETARY OF STATE	Ci	atura (occident of orace assisting	
Signature IDAHO SECRETARY OF STATE 02/25/2011 05:00 CK: 11615 CT: 255898 BH: 1261549					
Signature 02/25/2011 05:00 CK: 11615 CT: 255898 BH: 1261549	ijУÞ	eu Name. Onaminiyaa	1 1		
CK: 11615 CT: 255898 BH: 1261549	Siar	nature 7			
I VUCU INCIDE, TOTO / I A 186 88 - 188 88 ADDAN HIT # 2	_	ed Name: Brian Hyde	<i>t</i>		

1 @ 100.00 = 100.00 ORGAN LLC # 2 1 @ 20.00 = 20.00 EXPEDITE C # 3

cert_org_lic Rev. 07/2010