

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

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できる。	(Instructions on back of	r application)	
1. The name o	f the limited liability comp	any is:	SECRETARY OF DEVICE STATE OF DEVICE
Suift	Victory, LLC		
2. The completed 1032 (Street Address)	te street and mailing addre	esses of the initia	l designated office:
(Mailing Address	s, if different than street address)		
3. The name and complete street address of the registered agent:			
Afton (Name)	suift_	1032 Yock (Street Address)	ry Rd., Troy, ID 83871
4. The name and address of at least one member or manager of the limited liability company:			
Afton	Name Swift	1032 700	key Rd., Troy, ID 83871
F 84.71			
5. Mailing address for future correspondence (annual report notices):  1032 Yockey Rd., Troy, ID 8387/			
6. Future effective date of filing (optional):			
Signature of a person.	manager, member or a	uthorized	
Signatura ////	m dita		Secretary of State use only
Typed Name:	M III Afton Swift		
Signature			•
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