



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

2014 APR 28 AM 9:58

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALPINE AVIATION LLC

2. The complete street and mailing addresses of the initial designated office:

3603 S CARIE AVE

(Street Address)

BOISE ID 83709

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

TRUDY GARRINGER

(Name)

1301 N 59TH ST NAMPA ID 83687

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

KEVIN SIELAFF

Address

3603 S CARIE AVE BOISE ID 83709

5. Mailing address for future correspondence (annual report notices):

3603 S CARIE AVE BOISE ID 83706

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: KEVIN SIELAFF

Secretary of State use only

Signature _____

Typed Name: _____

IDaho SECRETARY OF STATE

04/28/2014 05:00

CR:5809 CT:141801 BH:1422257
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