FILED EFFECTIVE

CHART CONTRACT	CERTIFICATE OF C		
	(Instructions on back	of application) SFORCE	
1.	The name of the limited liability com	of application) SECHETARY OF STATE Ipany is: STATE OF IDAHO	
ANW ENTERPRISES, LLC			
2.	2. The complete street and mailing addresses of the initial designated/principal office: 5704 S Moonflower PL, Boise, ID 83716		
	(Street Address) 5704 S Moonflower Pl., Boise, ID 83716 (Mailing Address, if different than street address)		
3. The name and complete street address of the registered agent:			
	Good Sense Business Solutions Inc (Name)	113-14th Avenue South, Nampa, ID 83651 (Street Address)	
The name and address of at least one member or manager of the limited liability company:			
	Name Chad Holland	Address 5704 S Moonflower PI., Boise, ID 83716	
	April Holland	5704 S Moonflower Pl., Boise, ID 83716	
5	Mailing address for future correspon	dence (annual report notices):	
113-14th Avenue South, Nampa, ID 83651			
6. Future effective date of filing (optional): Signature of a manager, member or authorized			
person. Signature			
Typed Name: Chad Holland			
Signature IDAHO SECRETARY OF STATE 10/25/2011 05:00 CK: 429 CT: 263613 BH: 1295524 1 @ 198.98 = 188.68 Typed Name: 1 @ 198.98 = 188.68			
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