

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY 2815 JAN -8 AM 9: 13

	(monucuons on ba	ick of application	SECRETARY OF THE	
1. Th	e name of the limited liability of	company is:	STATE OF IDAHO	
	AWSON RIDGE BEETLE WORX, LL			
2. Th	The complete street and mailing addresses of the initial designated office:  263 PINE STREET, MOYIE SPRINGS, ID 83845			
(S P	treet Address) O BOX 377, BONNERS FERRY, ID failing Address, if different than street address	83805		
	The name and complete street address of the registered agent:			
s	HAWN FREDERICKSON	263 PINE ST	REET, BONNERS FERRY, ID 83805	
<u>(N</u>	lame)	(Street Address	5)	
	e name and address of at leas mpany:	t one member o	or manager of the limited liability	
	Name	<u>Address</u>		
<u>s</u>	HAWN FREDERICKSON	263 PINE ST	263 PINE STREET, BONNERS FERRY, ID 83805	
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	illing address for future corresp O BOX 377, BONNERS FERRY, ID 8		al report notices):	
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6. Fut	ture effective date of filing (opti	onal):		
Signati	ure of a manager, member	or outborized		
person.	are or a manager, member	or authorized	l l	
•	The Ibuheles	Z	Secretary of State use only	
Signatu	ire	IDAHO SECRETARY OF STATE		
Signature of a manager, member or authorized person.  Signature Shawn FREDERICKSON			01/08/2015 05:00 CK:212 CT:304930 BH:1456138	
Cianata			10 100.00 = 100.00 ORGAN LLC #	
	Name:			
. 10100	mama.			