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251

CERTIFICATE OF ORGANIZATION

2011 APR 29 AM 10: 2

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LIVIIIE	U LIABILII	Y COMPANY	SECRETARY U. STATE OF ID:	
(Instructions on back of application)			STATE OF TOP	
The name of the li	mited liability com	pany is:		
	-	vind Composites, LLC		
The complete stree	t and mailing add	resses of the initial design	nated/principal office:	
705 Shiloh Loop, Apt.	304, Hayden, ID 836	335	•	
(Street Address)				
(Mailing Address, if differer	nt than street address)			
The name and com	plete street addre	ess of the registered agen	ıt:	
	•		•	
Lee Skidmore (Name)		705 Shiloh Loop, Apt. 304, Hayden, ID B3835 (Street Address)		
(Name)				
company:		ne member or manager of	•	
Nan	n <u>e</u>	Addr	259	
Lee Skidmore		705 Shiloh Loop, Apt. 304, Ha	ayden, ID 83835	
				
				
*·				
Mailing address for	futuro correspondi	tanaa /aanual ranad satis	\-	
_	idinie correspond	tence (annual report notic	es).	
Same				
Future effective date	o of filing (antions	us. Upon Filina		
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ed Name: Lee Skidm	ore			
				
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ed Name:			*****	
			IDAHO SECRETARY OF STATI	

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CK: 665819 C1: 1/2899 BH: 12/1548 1 @ 100.00 = 100.00 ORGAN LLC # 2 1 @ 20.00 = 20.00 EXPEDITE C # 3