

FILED EFFECTIVE

251

2010 JUN 29 PM 2:17



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Four Folds Distributing LLC.

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

122 South 3rd east Downey Idaho 83234

(Street Address)

P.O. Box 155 Downey Idaho 83234

(Mailing Address, if different than street address)

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

Michael Workman

(Name)

122 south 3rd east Downey Idaho

(Street Address)

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

NameAddress

Michael Workman

122 south 3rd east Downey Id 83234

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

P.O. box 155 Downey Idaho 83234

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

 Signature Michael Workman

 Typed Name: Michael Workman

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

 IDAHO SECRETARY OF STATE
06/29/2010 05:00
CK: 466255 CT: 172899 BH: 1228683
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