

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 JAN 27 AM 9: 27

SECRETARY OF STATE

1.	The name of the limited liability company is:		~	STATE DE IDA 10	
	Tak	e Flight Solutions			
2.	The complete street and mailing addresses of the initial designated office:				
	361 Moon Drive, McCall, ID 83638 (Street Address) P.O. Box 1026, McCall, ID 83638 (Mailing Address, If different than street address)				
3.	The name and complete street address of the registered agent:				
	Richard L. Stowell, Jr. (Name)	361 Moon Driv (Street Address)	e, McCall, ID 83638		
4.	The name and address of at least one member or manager of the limited liability company:				
	Name		Address		
	Richard L. Stowell, Jr. 361 Moon Drive, McCall, ID 83638				
5.	Mailing address for future correspondence (annual report notices):				
	P.O. Box 1026, McCall, ID 83638				
6.	6. Future effective date of filing (optional):				
_	nature of a manager, member o	r authorized			
•	_		Secretary	of State use only	
_	inature Ruhand L. Stor	ell, In			
Ty	ped Name: Richard L. Stowell, Jr.	<u>.</u>		. •	
Sig	nature		Ø1/2	0 SECRETARY OF STATE 7/2012 05:00 CT: 266374 BH: 1388830 = 188.00 ORGAN LLC # 2	

Typed Name: