



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR 29 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

KICKSHOT LLC

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

1685 Parley St

(Street Address)

Idaho Falls, ID 83404

(Mailing Address, if different than street address)

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

Slade Hoopes

(Name)

1685 Parley St. Idaho Falls, ID 83404

(Street Address)

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

Name

Address

Slade Hoopes

1685 Parley St. Idaho Falls, ID 83404

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

1685 Parley St. Idaho Falls, ID 83404

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature *Slade Hoopes*
Typed Name: Slade Hoopes

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/29/2013 05:00
CK: 95 CT: 202530 BH: 1371655
1 @ 100.00 = 100.00 ORGAN LLC # 2

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