

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 08 NOV -5 AM 8: 31

CECRETARY OF STATE

THE OF	(Instructions on back of	f application)	STATE OF IDAHO
1. The nam	e of the limited liability comp	any is:	
	A Line Above L	LC	
2. The com	plete street and mailing addre		esignated/principal office:
2	302 S. Georget	nows you	•
(Street Add	ress) Bolse Id 83	5709	
(Mailing Add	dress, if different than street address)	<u>, 10) </u>	
3. The name	e and complete street addres	ss of the registered	agent:
Ke	istin Hagen	2302 5,6	earsother wy
(Name)	-	(Street Address)	AZZIVA
•			
4. The name company	e and address of at least one :	member or manag	·
: 12.	<u>Name</u>	. -	Address
<u> </u>	stin Hagen, CED	<u> </u>	Georgetown Wy.
· • <u></u>	· · · · · · · · · · · · · · · · · · ·	Bolse	101 83709
5. Mailing a	ddress for future corresponde	ence (annual report	notices):
	2 5. Georgetown	•	•
Bols	e, 2d 83709		Company of the control of the contro
6. Future ef	fective date of filing (optional)):	
			•
_	organizer(s). (An organizer is a m	ember, or is	
acting in behalf	of a member or members).		Secretary of State use only
Signature	Sist A. Hos	and Ho. PMD	•
Typed Name:	Kristin A. Wage	2 4	
Signature	t and the second se	promisule formstood	
Signature Typed Name:		amsul.	IDAHO SECRETARY OF STATE
Typed Maille.			CK: 1112 CT: 231293 BH: 114