

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

LIMITED LIABIL	ITY COMPANY
(Instructions on ba	ck of application)
1. The name of the limited liability c	company is:
Skydive Idaho, LLC	
2. The complete street and mailing a 24005 N Can Ada Road, Star, ID 8366 (Street Address) 148 Blue Lakes Blvd North #400, Twin (Mailing Address, if different than street address)	Falls, ID 83301
3. The name and complete street ad	Idress of the registered agent:
Abbie Mashaal	250 Airport Loop, Twin Falls, ID 83301
(Name)	(Street Address)
The name and address of at least company:	t one member or manager of the limited liability
<u>Name</u>	Address
Parachute Training Solutions, Inc.	148 Blue Lakes Blvd N #400, Twin Falls, ID 83301
(MANAGER) Aaron Hutmacher	148 Blue Lakes Blvd N #400, Twin Falls, ID 83301
(MANAGER) Abbie Mashaal	148 Blue Lakes Blvd N #400, Twin Falls, ID 83301
5. Mailing address for future corresp 148 Blue Lakes Blvd North #400, Twin	, ,
6. Future effective date of filing (opti	ional):
Signature of a manager, member operson.	or authorized Secretary of State use only
Signature	Georgially of Glate use only
Signature 4	
Typed Name: Abbie Mashaa	to Continue Shipman

IDAHO SECRETARY OF STATE

22/28/2013 05:00

CK: NO CK # CT: 288011 BH: 1362368
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Signature _____
Typed Name: