

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2016 HM -3 RM 0. 07

	(Instructions on back of application)		OFA THE ALL OF THE
	The name of the limited liability company is:		STATE OF STATE
SkyVisio	n LLC.		
2. The comp		ng addresses of the initia	al designated office:
(Street Add	ress)		
	ID 83837 dress, if different than street ad-	tress)	
		t address of the register	od agent:
J. HICHam	e and complete stree	raddiess of the register	ed agent.
Shawn H	ollis	507 Main St., Wardner, ID 83837	
(Name)		(Street Address)	
4. The name company	2	east one member or mar	nager of the limited liability
Emily Ho	<u>Name</u> Nis	507 Main St., Ward	Address
_	ddress for future corr St., Wardner, ID 83837	espondence (annual rep	oort notices):
6. Future ef	fective date of filing (	optional):	
Signature of	a manager, memb	er or authorized	
person.	Λ		
C:	15. 1841	D. L	Secretary of State use only
Signature <u> </u>	VM (J) (C)		IDAHO SECRETARY OF STATI
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Signature Typed Name:			
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