



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

| ¥Ψ | (Instructions on back of | or applicatio | n) | San |
|------------|---|-----------------|-------------------------|---|
| 1. | The name of the limited liability comp | pany is: | | |
| | Northwe | st Machine & | Fab LLC | |
| 2. | The complete street and mailing addresses of the initial designated office: | | | |
| | 147 Aqua Circle Unit 4B, Dalton Gordens,ID. 83815 | | | |
| | (Street Address) 147 Aqua Circle Unit 4B, Dalton Gardens,ID. 83815 | | | |
| | (Mailing Address, if different than street address) | | | |
| } . | The name and complete street address of the registered agent: | | | |
| | Jacqueline Lujan | | Hayden, ID. 83835 | |
| | (Name) | (Street Address |) | |
| } . | The name and address of at least on company: | e member o | | mited liability |
| | <u>Name</u> | | Address . | |
| | Jacqueline Lujan | 147 Aqua Cir | cle Unit 4B, Dalton Gar | dens,ID. 83815 |
| | | | | |
| 5. | Mailing address for future correspond | • | ıal report notices): | |
| | 147 Aqua Circle Unit 4B, Dalton Gordens,ID. 83815 | | | |
| 3. | Future effective date of filing (optional): | | | |
| _ | gnature of a manager, member or | authorized | | |
| ig | nature Jacqueline Lujan | | Secretary | of State use only |
| - - | | | IDA | HO SECRETARY OF STATE |

CK; 1512 CT: 276766 BH: 1349605 1 @ 100.00 = 100.00 ORGAN LLC # 2

W119482

Signature_____

Typed Name: _____