

CERTIFICATE OF ORGANIZATION

| المراسمون المراك | LIABILITY COMPANY | 2014 JUL -7 AM 9: 25 |
|----------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|
| (Instruct | ions on back of application) | SECRETARY OF STATE |
| . The name of the limite | d liability company is: | STATE OF IDAYO |
| Snide-Air LLC | | OIMEUNIUMIU |
| • | d mailing addresses of the initial d | esignated office: |
| 439 E Shore Dr Ste 200 | | |
| (Street Address) Eagle, ID 83616 | | |
| (Mailing Address, if different than | street address) | |
| . The name and complet | te street address of the registered a | agent: |
| Seth Snider | 439 E Shore Dr Ste 200 | Eagle, ID 83616 |
| (Name) | (Street Address) | |
| | | |
| Seth Snider Mel Snider | 439 E Shore Dr Ste 200 439 E Shore Dr Ste 200 | |
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| | | |
| . Mailing address for futu | ure correspondence (annual report | notices): |
| . Mailing address for futu 439 E Shore Dr Ste 200 E | | notices): |
| 439 E Shore Dr Ste 200 E | agle, ID 83616 | <u> </u> |
| 439 E Shore Dr Ste 200 E | | <u> </u> |
| 439 E Shore Dr Ste 200 E | filing (optional): | <u> </u> |
| 439 E Shore Dr Ste 200 E. Future effective date of gnature of a manager, | filing (optional): | <u> </u> |
| 439 E Shore Dr Ste 200 E | filing (optional): | <u> </u> |
| 439 E Shore Dr Ste 200 E. Future effective date of gnature of a manager, | filing (optional): | |
| 439 E Shore Dr Ste 200 E. Future effective date of gnature of a manager, erson. | filing (optional): | Secretary of State use only IDAHO SECRETARY OF ST |
| 439 E Shore Dr Ste 200 E. Future effective date of gnature of a manager, erson. | filing (optional): member or authorized | Secretary of State use only IDAKO SECRETARY OF ST 07/07/2014 05: |
| 439 E Shore Dr Ste 200 E. Future effective date of gnature of a manager, erson. | filing (optional): member or authorized | Secretary of State use only IDAHO SECRETARY OF ST |

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