



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAY 15 PM 12: 52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HEX PERFORMANCE LLC

2. The complete street and mailing addresses of the initial designated office:

900 E. COLUMBARY CT, EAGLE, ID 83616

(Street Address)

PO BOX 2678, EAGLE, ID 83616

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

TIM REID

(Name)

2199 ALDERCREST PL, EAGLE, ID 83616

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

PHILIP GORMAN

900 E. COLUMBARY CT, EAGLE, ID 83616

5. Mailing address for future correspondence (annual report notices):

PO BOX 2678, EAGLE, ID 83616

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: PHILIP GORMAN

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/15/2015 05:00

CK: CASH CT: 300613 BH: 1475685

1@ 80.00 = 80.00 ORGAN LLC #2

W 151729

IDAHO SECRETARY OF STATE

05/15/2015 05:00

CK: 2842100 CT: 172099 BH: 1475686

1@ 20.00 = 20.00 ORGAN LLC #2