CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 SEP -8 AM 9: 56

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|--|-------------------------|--|--|
| . The name of the limited liab | pility company is: | SEORETARY OF STA STATE OF IDAHO | |
| moscow vapor LLC | | STATE OF IDAHO | |
| P. The complete street and ma 1901 main st lewiston idaho 835 (Street Address) | • | initial designated office: | |
| same (Mailing Address, if different than street | address) | | |
| The name and complete stre | | stered agent: | |
| | or dual too of the log. | | |
| michelle nicholson | | 1901 main st lewiston idaho 83501 | |
| (Name) | (Street Address) | (Street Address) | |
| I. The name and address of a company: | t least one member or | manager of the limited liability | |
| <u>Name</u> | | <u>Address</u> | |
| michelle nicholson | 1901 main st le | ewiston idaho 83501 | |
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| | | | |
| 5. Mailing address for future co | orrespondence (annua | report notices): | |
| 1901 main st lewiston idaho g | 3501 | | |
| | Zantina a D. | | |
| Future effective date of filing | (optional): | | |
| ignature of a manager, men | oher or authorized | | |
| erson. | inder of additionized | | |
| -1// a | 2/100 | Secretary of State use only | |
| ignature Charles piebeleen | green - | ~ | |
| yped Name: michelle nicholson | | IDAHO SECRETARY OF STATE OF ST | |
| ignature | | CK:98 CT:300887 BH:144 | |
| yped Name: | | 16 100.00 = 100.00 ORGAN | |
|) F = | | PPIPIW | |
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