

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2013 OCT -3 AM 9: 05

W.	(Instructions on back of application)		
1.	The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
	X-QUIZIT FLOORING LLC		STATE UF IDAHO
2.	The complete street and mailing at 329 S WOODRUFF AVE IDAHO FALLS		nitial designated office:
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	BRUCE ARON	329 S WOODRI	JFF AVE IDAHO FALLS ID 83401
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name		<u>Address</u>
	BRUCE ARON	329 S WOODRI	JFF AVE IDAHO FALLS ID 83401
5.	Mailing address for future correspo 329 S WOODRUFF AVE IDAHO FALLS		report notices):
6.	Future effective date of filing (option	nal):	
Sigr pers	nature of a manager, member or son.	r authorized	
Cian			Secretary of State use only
	ed Name: BRUCE ARON		
. 300	ou rumo.		
Sign	ature		IDAHO SECRETARY OF STATE
Туре	ed Name:		10/03/2013 05:00 Ck: 133 CT: 20200 BH: 1392603

W129837