

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUN 29 AM 11:01

SECRETARY OF STATE STATE OF IDAHO

| 1.         | The name of the limited liability con  | mpany is: STATE OF IDAHO   |
|------------|--|--|
|            | Black Diamon   | nd Powersports and Rental LLC  |
| 2.         | The complete street and mailing addresses of the initial designated office:              |  |
|            | 615 Dam Rd Cascade, Idaho 83611  |  |
|            | (Street Address)   |  |
|            | PO Box 846 Cascade, Idaho 83611 (Mailing Address, if different than street address)      |  |
| _          |  |  |
| 3.         | The name and complete street address of the registered agent:                            |  |
|            | Zack Ong   | 10892 Cocoon St Nampa, Idaho 83687   |
|            | (Name)   | (Street Address)   |
| <b>4</b> . | The name and address of at least one member or manager of the limited liability company: |  |
|            | <u>Name</u>  | Address  |
|            | Zack Ong   | 10892 Cocoon St Nampa, Idaho 83687   |
|            | John Ong   | PO Box 846 Cascade, Idaho 83611  |
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| _          |  | the state of the s |
| 5.         | Mailing address for future correspondence (annual report notices):                       |  |
|            | PO Box 846 Cascade, Idaho 83611  |  |
| •          | Future effective data of filing (antion  | nol):  |
| O.         | Future effective date of filing (option  | ial).  |
| <u> </u>   |  | المستندم ملكات م   |
| _          | gnature of a manager, member or<br>rson.   | authorized   |
| •          | A  | Secretary of State use only  |
| Sig        | ped Name: Zack Ong   |  |
| Tyi        | ped Name: Zack Ong   |  |
| , ,        |  | IDAHO SECRETARY OF STATE   |
| Signature  |  | 06/29/2012 05:00   |

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Typed Name:

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