



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV 30 AM 8:58

1. The name of the limited liability company is:

ASHLANG

SECRETARY OF STATE
STATE OF IDAHO

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

(Street Address)

349 E. Trailside Dr.

(Mailing Address, if different than street address)

Eagle, Id 83616

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

Connie Langdon

(Name)

(Street Address)

349 E. Trailside Dr.
Eagle, Id 83616

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

Name

Address

Connie Langdon 349 E. Trailside Dr.
Eagle, Id 83616

Dave Langdon 349 E. Trailside Dr.
EAGLE, ID 83616

Chris Langdon 2145 Pacific Ridge
Eagle, Id 83616

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

349 E. Trailside Dr. Eagle Id
83616

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Connie Langdon

Typed Name: CONNIE LANGDON

Signature

Dave Langdon

Typed Name: DAVE LANGDON

Secretary of State use only

IDAHO SECRETARY OF STATE

11/30/2012 05:00

CK: 3613 CT: 227779 BH: 1349362

1 @ 100.00 = 100.00 ORGAN LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

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