



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 NOV -7 PM 4:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sepla LLC

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

2560 S. Skyview DR. Nampa, ID 83686

(Street Address)

Same As Above

(Mailing Address, if different than street address)

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

Amarjit Sepla

(Name)

2560 S. Skyview DR. Nampa, ID 83686

(Street Address)

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

Name

Address

Amarjit Sepla

2560 S. Skyview DR. Nampa, ID 83686

Mohan Sepla

Same As Above

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

2560 S. Skyview DR. Nampa, ID 83686

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Amarjit Sepla

Typed Name: Amarjit Sepla

Signature

Typed Name:

Secretary of State use only

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