

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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	03-30E CO 14: 1-40
 The name of the limited liability company 	/ is: SECRETARY OF STATE
Five S	Distributing L.C. STATE OF IDAHO
. The complete street and mailing address	es of the initial designated/principal office:
,	Cougar Wy.
(Street Address)	
Meridia (Mailing Address, if different than street address)	ın, ld. 83646
. The name and complete street address of	or the registered agent:
Matthew R. Sabine	2237 N. Cougar Wy. Meridian, Id. 83646
(Name) (Stre	eet Address)
. The name and address of at least one me	ember or manager of the limited liability
company:	
Name	Address
Matthew R. Sabine	2237 N. Cougar Wy. Meridian Id. 83646

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. Mailing address for future correspondence	e (annual report notices):
2237 N. Cougar V	Ny, Meridian Id. 83646
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. Future effective date of filing (optional): _	
gnature of organizer(s). (An organizer is a memi	ber, or is
ting in behalf of a member or members).	
$\langle \langle \rangle \rangle$	Secretary of State use only
gnature	d
yped Name: Matthew R. Sabine	IDAHO SECRETARY OF STATE
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ignature	1 0 100.86 = 100.00 ORSAN LLC
yped Name:	
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