

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

## FILED EFFECTIVE

(Instructions on back of application)

2015 MAY 12 PM 1: 19

متنست	(matructions on pac	k of applications	
1. T	he name of the limited liability co	mpany is:	SECRETARY OF STAT STATE OF IDAHO
2. T	The complete street and mailing addresses of the initial designated office: 4632 W. Aeronca Street, Boise, Idaho 83705		
	(Street Address)		
	(Malling Address, if different than street address)		
3. T	The name and complete street address of the registered agent:		
	Richard A. Johnson	4632 W. Aeron	ca Street, Boise, Idaho 83705
	(Name)	(Street Address)	
	The name and address of at least of company:	one member or	manager of the limited liability
	<u>Name</u>		Address
	Aviation Specialties Unlimited, Inc.	4632 W. Aeron	ca Street, Boise, Idaho 83705
5. N	Mailing address for future correspondence of the Mailing address for future correspond	•	report notices):
6. F	Future effective date of filing (optio	nal):	
	ature of a manager, member o	r authorized	
perso	". X IIII,		Secretary of State use only
_	ature		IDAHO SECRETARY OF STATE
Type	d Name: Richard A. Johnson		05/12/2015 05:00
			CK:2831708 CT:172099 BH:14

90 1@ 100.00 = 100.00 ORGAN LLC #2

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Signature\_\_\_\_\_

Typed Name: \_\_\_\_\_