



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN 19 AM 8:33

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Evolve Distilling LLC

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

5075 Hwy 95, Viola, ID 83872

(Street Address)

P.O. Box 2486, Sandpoint, ID 83864

(Mailing Address, if different than street address)

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

Mike Kauffman

(Name)

5075 Hwy 95, Viola, ID 83872

(Street Address)

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

Name

Address

Mike Kauffman

P.O. Box 2486, Sandpoint, ID 83864

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

P.O. Box 2486, Sandpoint, ID 83864

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: Mike Kauffman

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/19/2015 05:00

CK:1770 CT:311546 BH:1480592

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