

FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 MAR 13 AM 8:18

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Shock, LLC

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

47 North State Street, Preston, Idaho 83263

(Street Address)

P.O. Box 65, Preston, Idaho 83263

(Mailing Address, if different than street address)

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

Scott Palmer

(Name)

47 North State Street, Preston, Idaho 83263

(Street Address)

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

Name**Address**

Scott Palmer

47 North State Street, Preston, Idaho 83263

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

P.O. Box 65, Preston, Idaho 83263

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Scott Palmer

Secretary of State use only

Signature

Typed Name: _____

IDAHO SECRETARY OF STATE
03/13/2013 05:00
CK: 1319955 CT: 172099 BH: 1364364
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