



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUN -2 AM 9:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Skyline Enterprises LLC

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

71 W Steph St Kuna ID 83634
(Street Address)

(Mailing Address, if different than street address)

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

Angela Avril
(Name)

71 W Steph Kuna ID 83634
(Street Address)

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

Name	Address
<u>Angela Avril</u>	<u>71 W Steph St Kuna ID 83634</u>
<u>Justin Avril</u>	<u>71 W Steph St Kuna ID 83634</u>
_____	_____
_____	_____
_____	_____

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

71 W Steph St Kuna ID 83634

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

Signature of a manager, member or authorized person.

Signature Angela Avril

Typed Name: Angela Avril

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/02/2011 05:00
CK: 3425 CT: 259423 BH: 1276482
1 @ 100.00 = 100.00 ORGAN LLC # 2

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