



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAR 30 AM 10:42

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NOIR ENTERPRISES LLC

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

1019 N. ECHOHAWK WAY, EAGLE, ID 83616

(Street Address)

Same

(Mailing Address, if different than street address)

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

CHAD BLACK

(Name)

1019 N. ECHOHAWK WAY, EAGLE, ID, 83616

(Street Address)

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

NameAddressCHAD BLACK1019 N. ECHOHAWK WAY, EAGLE, ID, 83616

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

1019 N. ECHOHAWK WAY, EAGLE, ID, 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

CHAD E. BLACK

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 03/30/2011 05:00
 CK: 640927 CT: 172099 BW: 1266709
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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