

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application) 1. The name of the limited liability company is: PE Masters, LLC 2. The complete street and mailing addresses of the initial designated office: 492 Shadetree Trail (Street Address) Twin Falls, ID 83301 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Christina Lott 492 Shadetree Trail, Twin Falls, ID 83301 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name **Address** Christina Lott 492 Shadetree Trail, Twin Falls, ID 83301 5. Mailing address for future correspondence (annual report notices): 492 Shadetree Trail, Twin Falls, ID 83301 Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature \ IDAHO SECRETARY OF STATE Typed Name: Christina Lott 03/27/2015 05:00 CK:4812 CT:308251 BH:1468277 10 100.00 = 100.00 ORGAN LLC #2

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Signature__

Typed Name: ______