



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1014 SEP 19 AM 8:41
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Par Avion, LLC

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

540 Second Ave North Ketchum, ID 83340

(Street Address)

PO Box 8880 Ketchum, ID 83340

(Mailing Address, if different than street address)

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

Steven Giacobbi, Inc.

(Name)

540 Second ave North Ketchum, ID 83340

(Street Address)

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

Name

Address

Steven Giacobbi, Inc.

540 Second Ave North Ketchum, ID 83340

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

PO Box 8880 Ketchum, ID 83340

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Steven Giacobbi

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

09/19/2014 05:00

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