



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC -6 AM 9:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Piva Pack Operations LLC

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

24797 HWY 93 Challis ID, 83226

(Street Address)

P.O. Box 1219 Challis ID, 83226

(Mailing Address, if different than street address)

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

~~Kaden & Kyah Piva~~

(Name)

~~24797 HWY 93 Challis ID~~

(Street Address)

Kaden Piva

24797 Hwy 93

83226

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

Kaden Piva
Kyah Piva

Name

Address

24797 HWY 93 Challis ID
24797 HWY 93 Challis ID
83226
83226

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

P.O. Box 1219 Challis ID, 83226

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Kaden Piva

Typed Name:

Kaden Piva

Signature

Kyah Piva

Typed Name:

Kyah Piva

Secretary of State use only

IDAHO SECRETARY OF STATE
12/06/2012 05:00
CK: 1216581 CT: 172099 BH: 1350315
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