

Signature\_\_\_\_

Typed Name: \_\_\_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2013 NOV 29 AH 9: 32

## FILED EFFECTIVE

W	(Instructions on back	k of application	·
1.	The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
	LEWSKI HOLDINGS, LLC		
2.	The complete street and mailing ac 990 Ada Ave. Idaho Falls ID 83402 (Street Address)	Idresses of the	e initial designated/principal office:
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	InCorp Services, Inc.	921 S. Orcha	rd Street, Suite G Boise ID 83705
	(Name)	(Street Address	)
4.	The name and address of at least one member or manager of the limited liability company:  Name  Address		
	Doug Skinner	: 000 Ada Aua	<u>Address</u> . Idaho Falls ID 83402
	Doug Skillies	990 Aua Ave.	Idano Falls ID 63402
	Kymberly Lewis	990 Ada Ave	. Idaho Falls ID 83402
	<del></del>		
5.	Mailing address for future correspondence (annual report notices):		
	990 Ada Ave. Idaho Falis ID 83402		
6.	Future effective date of filing (optio	nal):	
	gnature of a manager, member o	r authorized	
<b>~</b> ~	, , , , , , , , , , , , , , , , , , , ,	1	Secretary of State use only
Sig	gnature Nursed W Cada		
	ped Name: Amanda M Coder		
,			TANKS 12-1-1-1

IDAHO SECRETARY OF STATE
11/29/2013 05:00
CK: 89400 CT: 70093 BH: 1399903
1 0 100:00 = 100:00 ORGAN LLC # 2

W/3/621