



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY 11 OCT 12 PM 12:46

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CWD Training LLC

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

1616 Silver Drive Nampa, Id. 83686

(Street Address)

(Mailing Address, if different than street address)

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

Carl Hendricks

(Name)

1616 Silver Drive Nampa, Id. 83686

(Street Address)

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

Name

Address

Carl Hendricks

1616 Silver Drive Nampa, Id. 83686

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

1616 Silver Drive Nampa, Id. 83686

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Carl Hendricks

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/12/2011 05:00
CK: 886310 CT: 172099 BH: 1293918
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