

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 SEP 12 AM 8-40

1.	The name of the limited liability con	npany is:	SECRETARY OF STATE STATE OF IDAHO
	•	PAIR & DISTRIBUTING	
2.	The complete street and mailing addresses of the initial designated/principal office: 424 E. AVENUE I, JEROME, ID 83338		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	JAMES SCHUCK	424 E. AVEI	NUE I, JEROME, ID 83338
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	JAMES SCHUCK	424 E. AVENUE I, JEROME, ID 83338	
5.	Mailing address for future correspondence (annual report notices):		
	424 E. AVENUE I, JEROME, ID 83338		
6.	Future effective date of filing (options	al):	
	nature of organizer(s). (An organizer is a	member, or is	
actin	ig in behalf of a member or members).		Secretary of State use only
Sign	nature ames of the second	E PAND	
_	ed Name:JAMES SCHUCK	e e	
	V	musica 906	
Sigr	nature	ALC 60	IDAHO SECRETARY OF STATE 09/12/2008 05:00
Тур	ed Name:	Pyformstut.C formstoert_org_fic.PMD Revised 07/2008	CK: 4596 CT: 229656 BH: 1135681 1 0 100.00 = 100.00 ORGAN LLC #