

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 21 PM 3: 27

Ú.	St. V	(Instructions on ba	ck of application)	STATE OF IDAHO	
1.	The name of the limited liability company is:				
	A.W.E. LLC				
2.	The complete street and mailing addresses of the initial designated office:				
	540 2nd Ave N. Suite G, Ketchum, ID 83340				
	(Street Address)	, Ketchum ID 83340			
		if different than street address	3)		
3.	The name and complete street address of the registered agent:				
	Matthew McN	eal	142 Indian Creek Ro	ad, Hailey, ID 83333	
	(Name)		(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:				
		<u>Name</u>		Address	
	Matthew McNeal 142 Indian Cru		142 Indian Creek Ro	eek Road, Hailey, ID 83333	
5.		ess for future corresp Ketchum, ID 83340	ondence (annual repo	ort notices):	
6.	Future effecti	ive date of filing (opti	onal):		
Sigi pers		manager, member o	or authorized		
_	nature Name: Ma	atthew McNeal	·	Secretary of State use only	
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Sigr	nature		· •		
	ed Name:			IDAHO SECRETARY OF STATE 11/21/2013 05:00	