



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 JAN 10 PM 1:46

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Black Operations LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

215 Shafer Creek Road Horseshoe Bend, Idaho 83629

(Street Address)

P.O. Box 275 Horseshoe Bend, Idaho 83629

(Mailing Address, if different)

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

Will Black

215 Shafer Creek Road Horseshoe Bend, Idaho 83629

(Name)

(Address **cannot** be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Will Black

P.O. Box 275 Horseshoe Bend, Idaho 83629

(Name)

(Address)

Holly Black

P.O. Box 275 Horseshoe Bend, Idaho 83629

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

P.O. Box 275 Horseshoe Bend, Idaho 83629

(Address)

Signature of organizer(s).

Signature: Will Black

Printed Name: Will Black

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/10/2017 05:00

CK:2540 CT:333204 BH:1563307

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