

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE

	(Instructions on back of application)		
(mstructions on back	or application)	SECRETARY OF STATE	
The name of the limited liability con	mpany is:	STATE OF IDAHO	
Omega Power Performanc			
2. The complete street and mailing ad		designated office:	
2805 N 32nd St. Boise, (Street Address)	D 83703		
(Mailing Address, if different than street address)			V.
3. The name and complete street add	ress of the registered	agent:	
Emilia Joseph Ramirez (Name)	2905 N 32nd St. (Street Address)	Brise, ID 93703	41
The name and address of at least of company:	one member or manag	ger of the limited liability	
<u>Name</u>		<u>Address</u>	
Andréa Ann Corveia-Dennison	130 NE 844 St.		
Emelio Joseph Raminez	2805 N. 32Nd	Boise ID 83703	,,);
5. Mailing address for future correspo	ndence (annual report	t notices):	
2805 N 32nd St. Brise, I	D 937/3		
6. Future effective date of filing (option	nal):		
Signature of a manager, member of person.	r authorized		
Signature		Secretary of State use only IDAHO SECRETARY OF ST 06/24/2014 05:	7.6%
Typed Name: EMILIO RAMIRE	CK:2	2000402 CT:172099 BH	1430

Signature Judicia Coming-V

Typed Name: Andrea

16 100.00 = 100.00 ORGAN LLC #2

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