

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

CERTIFICATE OF C	
(Instructions on back	: of application)
1. The name of the limited liability con	
	Quickwrapz LLC
320 South 4th East, Mountain Home, ID 8	dresses of the initial designated office:
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street addr	ess of the registered agent:
Randall Miller	320 South 4th East, Mountain Home, ID 83647
(Name)	(Street Address)
The name and address of at least o company:	ne member or manager of the limited liability
Name	Addresa
Randall Miller	320 South 4th East, Mountain Home, ID 83647
5. Mailing address for future correspon	dence (annual report notices):
320 South 4th East, Mountain Home, ID 8	3647
6. Future effective date of filing (option	al):
Signature of a manager, member or person.	authorized
Q 11 a a A	Secretary of State use only
Signature Candali Byron Miller	
Typed Name: Randall Byron Miller	
Signature	IDAHO SECRETARY OF STATE 09/21/2012 05:00
Signature Typed Name:	CK: 3641803735 CT: 274522 BH: 1348772 1 @ 100.00 = 100.00 ORGAN LLC # 2

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