

Signature_

Typed Name: _____

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

10 DEC -2 AM 8 20

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	(Instructions on bac		
1.	The name of the limited liability co	ompany is: SECRETURE STATE (Y OF S
	•	Airthority LLC	OI 101 1
2.	The complete street and mailing a 3708N 2481E Twin Falls, ID 83301	addresses of the initial designated/principal office:	-
	(Street Address)		_
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Gregory William Gandolfo	3708N 2481E Twin Falls, ID 83301	
	(Name)	(Street Address)	
4.	company:	t one member or manager of the limited liability	
	Name Concern Milliam Conduito	<u>Address</u> 3708N 2481E Twin Falls, ID 83301	
	Gregory William Gandolfo		
	Hayden Dexter Bond	3 Navy Wharf Court #708Toronto, Ontario M5V 3V1	
_			
5.	Mailing address for future correspondence (annual report notices):		
	3708N 2481E Twin Falls, ID 83301		
6.	Future effective date of filing (opti	ional):	<u></u>
Sig	nature of a manager, member	or authorized	
pe	rson.	Secretary of State use only	<u> </u>
Sig	nature / / /	A	
_	ped Name: Gregory William Gandolfo		
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IDAHO SECRETARY OF STATE
12/02/2010 05:00
CK: 366 CT: 253195 BH: 1249188
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