CERTIFIC	CATE OF ORGAN	NIZATION	
LIMITE	D LIABILITY CO	MPANY 09 F	EB-3 PM 1:08
(Instr	uctions on back of applica	· · · · · · · · · · · · · · · · · · ·	ETARY OF STATE
1. The name of the limited liability company is: STATE OF IDAHO			
Spackpli	19 Manufact	turing LLC	
	and mailing addresses of		
$1022 \leq$ (Street Address)	Johnson St.	Boise ID	83705
<u> </u>			
(Mailing Address, if different than street address)			
3. The name and complete street address of the registered agent:			
Kevin L. W	erre 1022 (Street Add	5. Johnson 5 iress)	r. Boise 83705
4. The name and address of at least one member or manager of the limited liability company:			
Nam		Address	
Kevin L.W	erre 1022	5. Johnson St. B	015e ID 88705
····			
5. Mailing address for future correspondence (annual report notices): 1022 5. Johnson St. Boise ID 83705			
10 PC S. JOHNSON DI. ISOISE TIS USTUS			
6. Future effective date	of filing (optional):		
Signature of organizer(s) acting in behalf of a member	. (An organizer is a member, or	is	•••
			f State use only
Signature Kevin L. Werre			WILLO
Typed Name: <u>Kevin</u>	L. Werre	CK: C CK: C CK: C CK: C CK: C CK: C CK: C CK: C	idaho secretary of state
Signature			/03/2009 05:00 ASH CT: 233787 BN: 1155314
Signature Typed Name:			88.88 = 188.88 ORGAN LLC # 2