



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR 24 AM 8: 23

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the limited liability company is:

Killer Angels, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

1007 N. 18TH St, Boise ID 83702

(Street Address)

PO Box 6341 Boise ID 83703

(Mailing Address, if different than street address)

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

David Gabrieli

(Name)

1007 N. 18TH St, Boise ID 83702

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

David Gabrieli

1007 N. 18TH St, Boise ID 83702

Theresa Scheingraber

1007 N. 18TH St, Boise ID 83702

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

P.O. Box 6341, Boise ID 83703

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

David Gabrieli

Typed Name: DAVID GABRIELI

Signature

Theresa Scheingraber

Typed Name: THERESA SCHEINGRABER

Secretary of State use only

g:\corp\forms\LLC form\llcform_09_16_PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
03/24/2009 05:00
CK: 234 CT: 235485 BH: 1162653
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W02532