

9/21/2012

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

•	• •	Mia soo E	
 The name of the limited 2THESKY INDUSTRIES, I 	• • •	SECRETARY OF STATE STATE OF IDAHO	
2. The complete street and 628 ALTURAS DR N TWIN (Street Address)	•	e initial designated office:	
(Mailing Address, if different than	street address)		
3. The name and complete	e street address of the re	gistered agent:	
		AS DR N TWIN FALLS, ID 83301	
(Name)	(Street Address)	
The name and address company:	of at least one member of	or manager of the limited liability	
<u>Name</u>		<u>Address</u>	
CAMERON JOHN WELLS	628 ALTURA	628 ALTURAS DR N TWIN FALLS, ID 83301	
·····			
5. Mailing address for futu	re correspondence (anni	ual report notices):	
628 ALTURAS DR N TWI	•	iai roport rionoso,	
6. Future effective date of	filing (optional):		
Signature of a manager,	member or authorized		
person.	1/2	Secretary of State use only	
Signature		1DAHO SECRETARY OF STATE	
Typed Name: CAMERON JO	DHN WELLS	08/27/2015 05:00 CK:1115 CT:313893 BH:148977 16 100:00 = 100:00 ORGAN LLC	
Signature			
Typed Name:		W155555	
		WI W	

cert_org_llc Rev. 07/2010