

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 FEB 25 AM 8: 50

1. The name of the limited liab	oility company is: SECRET BY OF STATE STATE OF IDAHO SEALCOAT DISTRIBUTING, LLC
2. The complete street and ma	illing addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street	address)
3. The name and complete stre	eet address of the registered agent:
DENTON KLINGLER	590 WEST 75TH SOUTH BLACKFOOT, ID 83221
(Name)	(Street Address)
 The name and address of a company: Name DENTON KLINGLER 	t least one member or manager of the limited liability Address PO BOX 224, MORELAND, ID 83256
	MORELAND, ID 83256
5. Mailing address for future co	orrespondence (annual report notices):
6. Future effective date of filing	g (optional):
Signature of a manager, mer person.	mber or authorized
	Secretary of State use only
Signature <u>Denton</u> K Typed Name: <u>DENTON KLINGLE</u>	lingles_
Typed Name: DENTON KLINGLE	R Service Services of the Control of
Signature	IDAHO SECRETARY OF STATE 92/25/2011 05:00
Typed Name:	CK: 2695 CT: 255905 BH: 1261566 1 0 100.00 = 100.00 ORGAN LLC #

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