CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 SEP -8 AM 11:45
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

   P.A.S. Enterprises, LLC

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

   6 N. Main Street, Payette, Idaho 83661
   (Street Address)

   (Mailing Address, if different than street address)

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

   Philippa Smith (Name) — 1715 Center Ave. #4, Payette, Idaho 83661 (Street Address)

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

Name	Address
Philippa Smith	1715 Center Ave. #4, Payette, Idaho 83661

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

   6 N. Main Street, Payette, Idaho 83661

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

Signature of a manager, member or authorized person.

Signature Philippa Smith

Typed Name: Philippa Smith

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/08/2014 05:00
CK:16886 CT:34764 BH:1440380
1@ 100.00 = 100.00 ORGAN LLC #2

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