

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 NOV 12 PM 1:56

(Instructions	s on back of application)	
The name of the limited l	ability company is:	SECRETARY OF STATE STATE OF IDAHO
	Hard Eight Wholesale LLC.	Company of the State of the Sta
2. The complete street and n	nailing addresses of the initia	l designated/principal office:
•	1111 S. Orchard St. Suite 180	
(Street Address)	Boise Idaho 83705	
(Mailing Address, if different than stre		
The name and complete s	treet address of the registere	ed agent:
Jason Rockne	1111 S. Orchard	St. Suite 180 Boise Idaho 83705
(Name)	(Street Address)	
4. The name and address of company:	at least one member or man	ager of the limited liability
<u>Name</u> Jason Rockne		
Michael Larsen	1111 S. Orchard	St. Suite 180 Boise Idaho 83705
	<u> </u>	
	e correspondence (annual rep	
11:	11 S. Orchard St. Suite 180 Boise l	daho 83705
	10 / 1 15 IN	
6. Future effective date of fi	ling (optional):	
Signature of organizer(s). (An acting in behalf of a member or me		
acting in penalt of a member of me		Secretary of State use only
Signature		
Typed Name: Jas	on Rockne	
MILLE	on Rockne	IDAHO SECRETARY OF STATE
Signature ////////)	CK; CASH CT: 242215 BH: 11951

Michael Larsen

Typed Name: _____