

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 MAY 18 AM 9: 47

	(mandonona on bach	o approaud	* 1)	
	the limited liability con			SECRETARY OF STATE STATE OF IDAHO
<u>Bea</u>	ris Bolts-n	-Bodies	1, LLC	- 0. IDA 10
2. The complete street and mailing addresses of the initial designated office:				
343 E (Street Address)	Bower St.	Meridia	n, IO 83	642
(Mailing Address, if	different than street address)	······································		
3. The name and complete street address of the registered agent:				
Barry J (Name)	3/255in	2712 (Street Address	Mink Court	Nampa ID 83687
4. The name and address of at least one member or manager of the limited liability company:				
Barry	Name Blessin	2712 r	Address Kink Ct	Nempa ID 53687
	s for future correspon		•	
343	E BOWER ST.	Ber.	Stan, ID	83642
6. Future effectiv	e date of filing (option	al):		**************************************
Signature of a m	anager, member or	authorized		
	B			y of State use only SECRETARY OF STATE
Signature	W Sh.		05/:	18/2015 05:00
Typed Name:	arry K. Ble	ssin_	CK:3987 (10 100.00	T:310304 BH:1475847 = 100.00 ORGAN LLC #
Signature				

W151782

Typed Name: _____