



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 FEB 19 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Post Falls Machine, LLC

(Not required to include the name "Limited Liability Company," "Limited Company," or "LLC" in the name of the company.)

2. The complete street and mailing addresses of the principal office is:

1575 E. 16th Ave. Post Falls, ID 83854

(Mailing Address)

(Complete street address - not mailing address)

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

Norman Kuhlman

1575 E. 16th Post Falls, ID 83854

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Norman Kuhlman

1575 E. 16th Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1575 E. 16th Ave. Post Falls, ID 83854

(Address)

Signature of organizer(s).

Printed Name: Norman Kuhlman

Signature: Norman Kuhlman

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/19/2016 05:00

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