

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

12772 4 1,9.05

(Instructions on back of application)

| 1. The name of the limited lia | ability company is: | SECRETARY (COSTOE |
|--|---------------------------------|--|
| | Inland Scuba Emporium, LLC | The second of th |
| 551 S Capital, Idaho Falls, ID 8 | ailing addresses of the initial | designated office: |
| (Street Address) | | |
| (Mailing Address, If different than street | et address) | |
| The name and complete st | reet address of the registered | d agent: |
| Stephen Browning | 841 E 1200 N, Shelley | y, ID 83274 |
| (Name) | (Street Address) | |
| The name and address of company: | at least one member or mana | ager of the limited liability |
| Name | | Address |
| Tammy Browning | 841 E 1200 N, Shelle | y, ID 83274 |
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| 5. Mailing address for future of | correspondence (annual repo | rt notices): |
| 551 S Capital, Idaho Falls, ID 8 | 33402 | |
| | | |
| Future effective date of filir | ng (optional): | |
| | | |
| ignature of a manager, me | mber or authorized | |
| erson. | | Secretary of State use only |
| ignature <u>Nammy Brow</u> | ming | |
| yped Name: Tammy Browning | | |
| rangan sa | | IDAHO SECRETARY OF STATE |
| Signature 4 | | 04/04/2012 05=0 |
| yped Name: Stephen Browning | | 1 9 190.90 = 100.00 DRGAN LL |

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