



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAY 21 AM 10:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Absolute Action LLC.

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

415 Lake Lowell Ave., Nampa, IDAHO 83686

(Street Address)

(Mailing Address, if different than street address)

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

KATHLEEN K. FORREST

(Name)

415 LAKE LOWELL AVE, Nampa, ID. 83686

(Street Address)

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

Name

Address

KATHLEEN K. FORREST

415 LAKE LOWELL AVE, Nampa, ID. 83686

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

415 LAKE LOWELL AVE, Nampa, ID. 83686

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

Signature of a manager, member or authorized person.

Signature Kathleen K. Forrest
Typed Name: Kathleen K. Forrest

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/21/2014 05:00

CK:1549 CT:297100 BH:1425646

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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