

CERTIFICATE OF ORGANIZATION ILED EFFECTIVE LIMITED LIABILITY COMPANY MAR -4 PM 12: 16

(Instructions on back of application)

_		SECRETARY OF STATE STATE OF IDAHO
1. The name of the l	imited liability comp	any is: STATE OF TOATIO
My Survival Stove L	LC	
	et and mailing addre d., Meridian, ID 83642	esses of the initial designated office:
(Mailing Address, if difference	ent than street address)	
	,	ss of the registered agent:
Michael Aiello		5720 W. Overland Rd., Meridian, ID 83642
(Name)		(Street Address)
The name and add company:	lress of at least one	member or manager of the limited liability
	<u>me</u>	<u>Address</u>
Michael Aiello		5720 W. Overland Rd., Meridian, ID 83642
	future corresponde d., Meridian, ID 83642	ence (annual report notices):
6. Future effective da	te of filing (optional)	;
Signature of a managerson.	ger, member or au	uthorized
Signature Works	Halle	Secretary of State use only
Typed Name: Michael A	iello	
Signature		IDAHO SECRETARY OF STATE 03/04/2013 05:00
Typod Namo:		CK: 1387788 CT: 172099 BH: 1362732

1 9 100.00 = 100.08 ORGAN LLC # 2