



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAR 11 PM 2:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ORTHO ARMOUR LLC

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

1702 N FIRE BRICK

(Street Address)

KUNA, ID 83634

(Mailing Address, if different than street address)

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

TJ DELKERS

(Name)

1702 N FIRE BRICK KUNA, ID 83634

(Street Address)

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

Name

Address

TJ DELKERS

1702 N FIRE BRICK KUNA ID 83634

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

1702 N FIRE BRICK KUNA, ID 83634

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature [Signature]
Typed Name: TJ DELKERS

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
03/11/2009 05:00
CK: 211568 CT: 172099 BH: 1168795
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