

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 OCT 30 AM 8: 53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Zagwiz LLC

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

493 Brushwood CT Post Falls ID, 83854

(Street Address)

(Mailing Address, if different than street address)

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

Cody Hising

(Name)

493 Brushwood Ct Post Falls ID, 83854

(Street Address)

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

NameAddress

Cody Hising

493 Brushwood CT Post Falls Id 83854

Erle Adams

5405 N Argonne Rd Spokane WA, 99212

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

493 Brushwood CT Post Falls ID, 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Cody Hising

Signature

Typed Name: Erle Adams

Secretary of State use only

IDAHO SECRETARY OF STATE
10/30/2013 05:00
CK: 589 CT: 256606 BH: 1395945
1 @ 100.00 = 100.00 ORGAN LLC # 2

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