

Typed Name: Aaron Morlock

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 11 JAN 31 AM 8:41

	(Instructions on back	of application)	SECRETARY OF STATE
1.	The name of the limited liability con	npany is:	STATE OF IDAHO
	·	ASAOA LLC	
2.	The complete street and mailing add 3519 18th Street, Lewiston, Idaho 83501 (Street Address)	dresses of the initi	al designated/principal office:
	(Mailing Address, if different than street address)	· · · · · · · · · · · · · · · · · · ·	
3.	The name and complete street address of the registered agent:		
	Shannon Morlock	3519 18th Street, L	ewiston, Idaho 83501
	(Name)	(Street Address)	
4.	The name and address of at least or company:	ne member or ma	nager of the limited liability
	Shannon Morlock	3519 18th Street, L	ewiston, Idaho 83501
	Aaron Morlock	3519 18th Street, Lewiston, Idaho 83501	
5.	Mailing address for future correspon	dence (annual rep	port notices):
	3519 18th Street, Lewiston, Idaho 83501	-	
6.	Future effective date of filing (option	al):	
	nature of a manager, member or son.	authorized	
Sigi	nature Mannen Merle		Secretary of State use only
	ed Name: Shannon Morlock  nature Malak		IDAHO SECRETARY OF STATE
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IDAHO SECRETARY OF STATE 01/31/2011 05:00 CK: 564 CT: 254914 BH: 1257631 1 0 100.00 = 100.00 ORGAN LLC # 2