



CERTIFICATE OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY

2015 APR 20 AM 9:36

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Vertical Addiction LLC

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

1778 N. Elton Ln Coeur d'Alene ID 83814
(Street Address)

(Mailing Address, if different than street address)

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

Toli Willhite
(Name)

3931 N. 19th St. Coeur d'Alene ID
(Street Address) 83815

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

Name	Address
<u>Oned Owens</u>	<u>1778 N. Elton Ln Cda 83814</u>
<u>Jim Reno</u>	<u>PO Box 1661 Hayden ID 83835</u>
<u>TS Willhite</u>	<u>3931 N. 19th St Cda 83815</u>
_____	_____
_____	_____

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

1778 N Elton Ln Coeur d'Alene ID 83814

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

Signature of a manager, member or authorized person.

Signature _____
Typed Name: Jim Reno

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/20/2015 05:00

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