p.3



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JAN -6 AM 9: 43

SEUNE LARY DE STATE

-	(11/01/10/10/10/10/10/10/10/10/10/10/10/1	от арриания,	STATE OF IDAHU	
1.	The name of the limited liability con	npany is:	·	
	· •	S'S WORKING, LLC		
2		e complete street and mailing addresses of the initial designated office:		
1845 SW 3RD AVE., FRUITLAND, ID 83619				
	(Street Address)			
	(Mailing Address, if different than street address)			
3		ne name and complete street address of the registered agent:		
J.	The figure with political and an analysis of the registers of the rest			
	ROBERT M. BOWMAN	1845 SW 3RD AVE., FRUITLAN	D, ID 83619	
	(Name)	(Street Address)		
,i	The name and address of at least o	ne member or manager of th	e limited liability	
4.	ne name and address of at least one member or manager of the limited liability empany:			
	Name	<u>Address</u>		
	ROBERT M. BOWMAN	1845 SW 3RD AVE., FRUITLAND, ID 83619		
5	ailing address for future correspondence (annual report notices):			
1845 SW 3RD AVE., FRUITLAND, ID 83619			· / ·	
			<u> </u>	
6. Future effective date of filing (optional):				
_	nature of a manager, member or	authorized		
per	son.	Secre	etary of State use only	
Sigi	nature Kull Haus			
Тур	ed Name: KYLIE KEARNS			
	1			
Sign	nature		DAHO SECRETARY OF STATE	
Тур	ed Name:	01.7 (X: A71)	706/2012 05:00 357 CT: 172099 BH: 1304786	
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