



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 OCT 20 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

No Smoke LLC

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

409 s 750 w Heyburn, ID 83336

(Street Address)

(Mailing Address, if different than street address)

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

Jerry Gallatin

(Name)

409 s 750 w Heyburn, ID 83336

(Street Address)

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

Name

Address

Jerry Gallatin

409 s 750 w Heyburn, ID 83336

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

409 s 750 w Heyburn, ID 83336

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Jerry Gallatin

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
10/20/2011 05:00
CK: 10445625545 CT: 263474 BH: 1295001
1 @ 100.00 = 100.00 ORGAN LLC # 2

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