

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 OCT 16 PM 3:37

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Swamped and Locked Off Road LLC

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

10762 N Government Way

(Street Address)

Hayden, ID 83835

(Mailing Address, if different than street address)

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

Phil Rohr

(Name)

10762 N Government Way Hayden, ID 83835

(Street Address)

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

NameAddress

Phil Rohr

10762 N Government Way Hayden, ID 83835

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

10762 N Government Way Hayden, ID 83835

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Phil Rohr

Signature

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 10/16/2013 05:00
 CK: 1502879 CT: 172099 BH: 1394200
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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