	FILED EFFECTIVE
CERTIFICATE OF ORGANIZATI	
LIMITED LIABILITY COMPAN	Y _ 09 APR 15 AM II: 32
(Instructions on back of application)	SECRETARY OF STATE
1. The name of the limited liability company is:	STATE OF IDAHO
ASW Events L	LC.
2. The complete street and mailing addresses of the initia	
11805 E. Nun-	- Rd, AtholJd. 838
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registere	ed agent:
(Name) ADLARD (Street Address) 7	Non Nd. Atrol Id-\$38
(Name) (Street Address)	08 664 0135
4. The name and address of at least one member or man	ager of the limited liability
company:	Address
Name Dou, 2 Adard 11805 E.C	NUNARd, Athol. Id- 83 501
-	720, Kines Broch (G. 961 43
<u>- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19</u>	<u></u>
5. Mailing address for future correspondence (annual repo	art notices);
11805 E. Nunn Rd. Atholy	
6. Future effective date of filing (optional):	
Signature of organizer(s). (An organizer is a member, or is	
acting in behalf of a member or members).	Secretary of State use only
Signature	Secretary of State use only
Typed Name: DAVID ADLARD	· · ·
	IDAND SECRETARY OF STATE
Signature	04/15/2009 05:00 CK: 1885 CT: 231589 BH: 1166662
Typed Name:	1 8 188.86 = 198.60 ORBM 11C # 2
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