FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JUL 16 AM 9: 36

(Instructions on back of application)

\	/X Aerospace, LLC
The complete street and mailing ad	Idresses of the initial designated/principal office:
5292 E. Quarterpath Dr., Boise, Idaho 83	
(Street Address)	
(Mailing Address, if different than street address)	
. The name and complete street add	ress of the registered agent:
United States Corporation Agents, Inc.	950 Bannock Street, Suite 1100, Boise, ID 83702
(Name)	(Street Address)
 The name and address of at least of company: 	one member or manager of the limited liability
Name	<u>Address</u>
Jeremy Duque	5292 E. Quarterpath Dr., Boise, Idaho 83716-8612
Lun Cortes Dugue	5292 E. Quarterpath Dr., Boise, Idaho 83716-8612
Juan Carlos Duque	5292 E. Quarterpatti Di., Boise, idano 637 16-8612
are on the second	
-	•
 Mailing address for future corresponding 5292 E. Quarterpath Dr., Bolse, Idaho 83 	
5292 E. Quarterpath Dr., Bolse, Idaho 83	3716-8612
5292 E. Quarterpath Dr., Bolse, Idaho 83	•
	3716-8612
5292 E. Quarterpath Dr., Bolse, Idaho 83 6. Future effective date of filing (optio	nal):
5292 E. Quarterpath Dr., Bolse, Idaho 83 6. Future effective date of filing (options) 6. Signature of a manager, member of	nal): r authorized
5292 E. Quarterpath Dr., Bolse, Idaho 83 6. Future effective date of filing (option Signature of a manager, member operson.	nal):
5292 E. Quarterpath Dr., Bolse, Idaho 83 6. Future effective date of filing (option bignature of a manager, member operson. 6. Signature	nal): r authorized Secretary of State use only
5292 E. Quarterpath Dr., Bolse, Idaho 83 6. Future effective date of filing (option bignature of a manager, member operson. Signature Typed Name: Cheyenne Moseley, Assistar	nal): r authorized Secretary of State use only
5292 E. Quarterpath Dr., Bolse, Idaho 83 6. Future effective date of filing (option bignature of a manager, member operson. 6. Signature	nal): r authorized Secretary of State use only nt inc. IDAHO SECRETARY OF STA
5292 E. Quarterpath Dr., Bolse, Idaho 83 6. Future effective date of filing (option bignature of a manager, member operson. Signature Typed Name: Cheyenne Moseley, Assistar	sauthorized Secretary of State use only IDAHO SECRETARY OF STA

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