## FILED EFFEOTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY OCT -9 MM 10: 04

(Instructions on back of application)

1. The name of the limited liability con	npany is:
Flying W L.L.C.	
2. The complete street and mailing addresses of the initial designated office:	
615 Freeman Lake Rd.	
(Street Address) Oldtown, Idaho 83822	
(Mailing Address, If different than street address)	
3. The name and complete street address of the registered agent:	
Elin Kovash	10571 Camp Ct. N. Hayden, Idaho 83835
(Name)	(Street Address)
The name and address of at least one member or manager of the limited liability company:      Name  Address	
George Weaver	615 Freeman Lake Rd. Oldtown, ID 83822
Elin Weaver	615 Freeman Lake Rd. Oldtown, ID 83822
5. Mailing address for future correspondence (annual report notices):	
615 Freeman Lake Rd. Oldtown, ID 83822	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature Signature	
Typed Name: George Weaver	
•• •• •• •• •• •• •• •• •• •• •• •• ••	IDAHO SECRETARY OF STATE
Signature	10/09/2012 05:00 CK: 6226 CT: 275021 BH: 1342747
Typed Name:	