



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 AUG 19 AM 11:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Allstar Tumbling LLC

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

3597 N Weston Way Meridian ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Amanda Leslie

(Name)

3597 N Weston Way, Meridian, ID 83646

(Street Address)

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

Name

Address

Amanda Leslie

3597 N Weston Way Meridian ID 83646

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

3597 N Weston Way Meridian ID 83646

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

Signature of a manager, member or authorized person.

Signature Amanda Leslie

Typed Name: Amanda Leslie

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/19/2015 05:00

CK: 3133218 CT: 172099 BH: 1488806

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