CERTIFICATE OF O	Y COMPANY FILED EFILED
(Instructions on back o	
1. The name of the limited liability comp	pany is: SECRETARY OF STA STATE OF IDAHO
Northern A	Aircraft Maintenance, LLC.
2. The complete street and mailing addr	resses of the initial designated/principal office:
	Bay Lane, Sagle Idaho 83860
(Street Address) 1016 Corneback	Bay Lane, Sagle, Idaho 83860
(Mailing Address, if different than street address)	
3. The name and complete street addres	ss of the registered agent:
Rob Cripe	1016 Comeback Bay Lane, Sagle, idaho 83860
* (Name)	(Street Address)
Name Sally Sutherland	<u>Address</u> 1016 Comeback Bay Lane, Sagle, Idaho 83860
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E Blatting address for fitters some	
5. Mailing address for future correspond 1016 Comeback	aence (annual report notices): Bay Lane, Sagle, Idaho 83860
6. Future effective date of filing (optiona	al):
Signature of organizer(s). (An organizer is a n acting in behalf of a member or members). Signature Typed Name: Signature Signature Typed Name: Sally M. Sutherland	IDAHO SECRETARY OF STATE OB IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE

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