CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **LIMITED LIABILITY COMPANY**

2014 HAR 10 PM 3: 16

	(Instructions on back of application)		SEUNE IAKY UP STAIF
1.	The name of the limited liability company is:		STATE OF IDAHO
	Blue Chip Coatings LLC.		
2.	The complete street and mailing addresses of the initial designated office:		
	12175 W. Alfred Street, Boise, ID 83713		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Ryan Simons	12175 W. Alfre	d Street, Boise, ID 83713
	(Name)	(Street Address)	
	The name and address of at least c company:	one member or	manager of the limited liability
	<u>Name</u>		<u>Address</u>
	Ryan Simons	12175 W. Alfre	d Street, Boise, ID 83713
5.	Mailing address for future correspon	ndence (annua	report notices):
.	12175 W. Alfred Street, Boise, ID 83713	inaoinoo (aninaa	report neutocoj.
6.	Future effective date of filing (option	nal):	
Sigr pers	nature of a manager, member or	authorized	
poio	Q.		Secretary of State use only
_	nature 107		
Туре	ed Name: 'Ryan Simons		
Sign	nature		
•	ed Name:		IDAHO SECRETARY OF STATE 03/10/2014 05:00
			N3/10/CD14 60:06

CK: 1733484 CT: 172099 BH: 1414466 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

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