

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

 2012 DEC 13 AM 9:28
 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

Headway Distribution LLC

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

3519 Central Park Street, Caldwell ID 83605
 (Street Address)

(Mailing Address, if different than street address)

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

Donovan Johns
 (Name)

3519 Central Park Street,
 (Street Address)

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

Donovan Johns
 Name

3519 Central Park Street, Caldwell, ID
83605
 Address

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

Same as line 2

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

Signature of a manager, member or authorized person.

Signature

Donovan Johns
 Typed Name:

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
 12/13/2012 05:00
 CK: 1222598 CT: 172099 BH: 1351169
 I @ 100.00 = 100.00 ORGAN LLC # 2

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