

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 10 PH 2: 33

1.	The name of the limited liability con	mpany is: STATE OF IDAHO	ilc
	Para	agon Boat Works, LLC	
2.	The complete street and mailing add 302 North 3rd St, Suite D / McCall, ID 83 (Street Address)	ddresses of the initial designated/principal office:	
	(Mailing Address, if different than street address)		
3.			
	Ben Jones	5053 W Victory Rd / Nampa, ID 83687	.*
	(Name)	(Street Address)	
The name and address of at least one member or manager of the limited liabil company:			·
	Name	Address (2000)	
	Ben Jones	5053 W Victory Rd / Nampa, ID 83687	
Mailing address for future correspondence (annual report notices):  Ben Jones / 5053 W Victory Rd / Nampa, ID 83687			
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member or son.		i.
Sig	nature 37	Secretary of State use only	
Typ	ped Name: Ben Jones /		
Signature		IDAHO SECRETARY OF STATE  99/10/2010 05:0  CK: 56 CT: 251137 BH: 123842	3
Гyр	ed Name:	1 6 198-90 - 199-90 (449-11-11-11-11-11-11-11-11-11-11-11-11-11	,

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