



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 17 AM 8:38

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HAVOX LLC

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

7292 Culebra Rio Circle Idaho Falls, ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

Adria Bates

(Name)

7292 Culebra Rio Circle Idaho Falls, ID 83406

(Street Address)

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

Name

Adria Bates

Address

7292 Culebra Rio Circle

Idaho Falls, ID 83406

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

7292 Culebra Rio Circle Idaho Falls, ID 83406

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Adria Bates

Secretary of State use only

Signature _____

IDAHO SECRETARY OF STATE
11/17/2010 05:00
CK: 163 CT: 252845 BH: 1247490
1 @ 100.00 = 100.00 ORGAN LLC # 2

Typed Name: _____

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