

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

208--232-6647

2815 APR 29 AM 11: 21

I. The name of the limited liability company is: Solomon Training Systems LLC		SECRETARY OF STATE STATE OF IDAHO	
2. The complete street and mail 550 Taylor Lane, Inkom ID 83245	ing addresses of the initial des	ignated office:	
(Street Address) P.O. Box 242 Inkom, ID 83245			
(Mailing Address, if different then street ac	Airess)		
The name and complete street	et address of the registered ag	ent:	
Jennifer Solomon	550 Taylor Lane, Inkom ID	550 Taylor Lane, Inkom ID 83245	
(Name)	(Street Address)		
 The name and address of at h company; 	east one member or manager	of the limited liability	
Jennifer Solomon	<u>Ad</u> 550 Taylor Lane, Inkom ID	idness 83245	
Nathan Solomon	550 Taylor Lane, Inkom ID	550 Taylor Lane, Inkom ID 83245	
. Mailing address for future corn	espondence (annual renert col	linna).	
P.O. Box 242 Inkom ID 83245		uces);	
i. Future effective date of filing (c	pptional):		
gnature of a manager, memberson.	er or authorized		
griature flampe len	1	Secretary of State use only	
ped Name: Jennijer Solomon		This opening he omime	

04/29/2015 05:00

CK:2791332 CT:172099 BH:1473235 1@ 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

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Signature_

Typed Name: Nathan Solomon

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