

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back of application) The name of the limited liability company is:		
The name of the limited liability co		any is:	
	8feathersdistillery LLC		
2.	The complete street and mailing addresses of the initial designated office: 8385 W. Emerald Street, Boise, Idaho 83704 (Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
		3385 W. Emerald Street, Boise, Idaho 83704	
	(Name)	Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	<u>Address</u>	
	Greg Lowe	P.O. Box 2029, Eagle, Idaho 83616	
5.	5. Mailing address for future correspondence (annual report notices): P.O. Box 2029, Eagle Idaho 83616		
6.	6. Future effective date of filing (optional):		
_	nature of a manager, member or auson.		
O!=-	Y), Y	Secretary of State use only	
_	nature / W () oed Name: Greg Lowe		
	nature	IDAHO SECRETARY OF STATE 102/27/2013 05:00 1 1068 CT: 279941 8H: 1362168 1 10 100.00 = 100.00 ORGAN LLC # 2	

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Typed Name: