

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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| | (Instructions on back of application) SECRETARY OF STATE |
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| 1. | (Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO |
| | Torched Glassworks LLC. |
| 2. | The complete street and mailing addresses of the initial designated/principal office: |
| | 2701 S Gourley St Boise ID 83705 (Street Address) |
| | (Mailing Address, if different than street address) |
| 3. | The name and complete street address of the registered agent: |
| | Kylee Koenig 2701 S Gourley St (Name) (Street Address) |
| 4. | The name and address of at least one member or manager of the limited liability company: |
| | Kylee Koenig 2701 & Gourley St |
| | |
| | |
| 5. | Mailing address for future correspondence (annual report notices): 2535 S Goshen Way Boise ID 83705 |
| 6 . | Future effective date of filing (optional): |
| Sig | nature of a manager, member or authorized |
| - | nature Hylle Koeur |
| Тур | ed Name: / Kylee Koevier |
| | nature IDAHO SECRETARY OF STATE |
| Typ | ed Name: 10/06/2011 05:00 |

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