



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 NOV 17 AM 9:14

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

OXY-SURE CO, LLC

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

13930 2ND AVE. W.

(Street Address)

OROFINO IDAHO 83544

(Mailing Address, if different than street address)

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

Roberta McGlothen 13930 2ND AVE. W.

(Name)

(Street Address)

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

Name

Address

Roberta McGlothen 13930 2ND AVE. W.

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

13930 2ND AVE. W OROFINO, ID 83544

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

Signature of a manager, member or authorized person.

Signature

Roberta McGlothen

Typed Name: Roberta McGlothen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/17/2011 05:00
CK: 1007 CT: 136735 BH: 1298500
1 @ 100.00 = 100.00 ORGAN LLC # 2

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