

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 AUG 19 AM 9: 24

	(Instructions on back of application	n) SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is:	O WILL OF IDAHO
2.	ADVENTURE POWER SPORTS  The complete street and mailing addresses of the	
	(Street Address)  (Mailing Address, if different than street address)	STE 100 FAGLE 10, 83616
3.	The name and complete street address of the registered agent:	
	Janaco Toses II 8826 W. (Street Address	STYMBROOK DR. BONE 83704
	The name and address of at least one member or manager of the limited liability company:	
	Name	Address
	JANARO JORES II 8826W	STYNBROOK DR. BOISE 83704
5	Mailing address for future correspondence (appu	el ropart notices):
5.	Mailing address for future correspondence (annu	·
	1257 E. 1804 FALLE DR. STE 180 EA	HULE, 10 8861L
6.	Future effective date of filing (optional):	
_	nature of a manager, member or authorized son.	
•		Secretary of State use only
Signature		IDAHO SECRETARY OF STATE 08/19/2014 05:00
Тур	ed Name. Jango Jores to	CK:4096 CT:300229 BH:1437865 16 100.80 = 180.80 ORGAN LLC #
_	nature	83-61 hw
Tvp	ed Name:	

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