



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 DEC 24 AM 11:56

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Seabower Capital, LLC

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

3019 E. Rivercrest Dr., Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Clint Bower

(Name)

3019 E. Rivercrest Dr., Post Falls, ID 83854

(Street Address)

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

NameAddress

Clint Bower

3019 E. Rivercrest Dr., Post Falls, ID 83854

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

3019 E. Rivercrest Dr., Post Falls, ID 83854

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Clint Bower

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/24/2014 05:00

CK:1564 CT:267675 BH:1454390

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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