



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAR -2 AM 8:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

FHOX LLC

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

#8 BASELINE EXTENSION ROAD, BELLEVUE, ID 83313

(Street Address)

PO BOX 4442, HAILEY, ID 83333

(Mailing Address, if different than street address)

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

PAUL GOICOECHEA

(Name)

#8 BASELINE EXTENSION ROAD, BELLEVUE, ID

(Street Address)

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

Name

Address

PAUL GOICOECHEA

PO BOX 4442, HAILEY, ID 83333

CORY GOICOECHEA

PO BOX 4442, HAILEY, ID 83333

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

PO BOX 4442, HAILEY, ID 83333

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: PAUL GOICOECHEA

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/02/2011 05:00
CK: 1197 CT: 256005 BH: 1262289
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