CERTIFICATE OF ORGANIZATIONED EFFECTIVE 251 09 MAR -4 AM 8= 27 (Instructions on back of application) SECRETARY OF STATE 1. The name of the limited liability company is: STATE OF IDAHO 2. The complete street and mailing addresses of the initial designated/principal office: 768 Someday Lare (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: (Name) (Name) Stephenson 768 Someday Lone, Courd Alere, (Name) ID 83814 4. The name and address of at least one member or manager of the limited liability company: Address Name Stedienson 768 Someday have Cour & Alie ID 83814 JARED LYDA 324 Mill Ave. Courd'Alene, ID. 83814 5. Mailing address for future correspondence (annual report notices): 768 Someday Love Coever & Alere ID 83314 6. Future effective date of filing (optional): \_\_\_\_ Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Secretary of State use only xpHorms/LLC forms/cert\_org\_ltc.PMD Revised 07/2006 Signature Typed Name: William H. Stephenson IDAHD SECRETARY OF STATE Signature 94/2009 Typed Name TAR <u>JDA</u> W82013