

Signature:_

Rev. 08/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 JAN 11 PM 2: 16

T ming lee. \$100 typed, \$120 not typed		CEOOFTS DV am a
Complete and submit the	application in <u>duplicate</u> .	SECRETARY OF STATE STATE OF IDAHO
The name of the limited liability of	ompany is:	
GMAX, LLC		
(Remember to include the words "Li	mited Liability Company,* "Limited Co	empany," or the abbreviations L.L.C., LLC, or LC)
The complete street and mailing	addragas of the princip	al office is:
The complete street and mailing 601 E. Gowen Road, Boise, ID 8	·	ai office is.
(Street Address)		
	•	
(Mailing Address, if different)		
The name and complete street a	ddress of the registered	agent:
Craig Shoemaker	601 E. Gowen Road, Boise, ID 83716	
(Name)	(Address)	
The name and address of at leas	et one governor of the lim	ited liability company:
Western Power Sports, Inc.	601 E. Gowen Roa	
(Name)	(Address)	
	(data only	
(Name)	(Address)	
(Name)	(Address)	
	, ,	
(Name)	(Address)	
	,,	
Mailing address for future corres	pondence (annual report	t notices):
601 E. Gowen Road, Boise, ID 8	33716	
(Address)		
nature of organizer(s).	_	Secretary of State use only
nted Name: Timothy W. Tyree, Organizer		
Total 1		IDANO SECRETARY OF STATE
nature: /w/b //.		01/11/2016 05:00 CK:139868 CT:1177 BH:150807
7/1		10 100.00 = 100.00 ORGAN LLC
nted Name:		

10160735