

Signature:

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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

Complete and submit the application in duplicate.

## FILED EFFECTIVE

2018 JUN 14 PM 12: 59

SECRETARY OF STATE STATE OF IDAHO

| The name of the limited               | * ' *   |   |
|---------------------------------------|---|---|
|                                       | Brute first ald, LLC  |   |
| (Remember to include                  | the words "Emilied Liability Company." "Lim                 | ited Company," or the abbreviations L.L.C., LLC, or LC) |
| The complete street and               | i mailing addresses of the pr                               | incipal office is:                                      |
| 529 W Colorado Ave., Nam              | pa, Idaho 83686   |   |
| (Street Address)                      |   |   |
| (Mailing Address, if different)       |   |   |
| The name and complete                 | e street address of the registe                             | ered agent:   |
| Christy Wilkins                       | 529 W Colorado Ave., Nampa, Idaho 83686 (County of Carryon) |   |
| (Hame)                                | (Address)   |   |
| The name and address                  | of at least one governor of th                              | e limited liability company:                            |
| Tucker Wilkins                        | 529 W Colorado Ave., Nampa, Idaho 83686                     |   |
| (Name)                                | (Addréss)   |   |
| (Name)                                | (Address)   |   |
| ifvame)                               | (Address)   |   |
|                                       |   |   |
| (Name)                                | (Address)   |   |
| Mailing address for futu              | re correspondence (annual r                                 | eport notices):   |
| 529 W Colorado Ave., Nam              | •   | ,   |
| (Address)                             | 54, 1547/5 50505  |   |
|                                       |   |   |
| lature of organizer(s). Cheyenne Mose | alev Assistant  | Secretary of State use only                             |
| ed Name: Secretary, Lega              |   |   |
| Ma                                    |   | IDAHO SECRETARY OF STATE 06/14/2018 05:00               |
| ature:                                | <del></del>   | CK:19247796 CT:172099 BH:164887;                        |
| fod Namo:                             |   | 16 100.00 = 100.00 ORGAN LLC #2                         |
| ted Name:                             |   |   |
| nature:                               |   | W 203713  |