

Printed Name: -

Rev. 11/2015

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

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

2016 SEP -8 AM 9: 10

S. C.	), , ,	TOTA OFT O WILL D. LO	
Complete a	nd submit the application in <u>duplicate</u> .	SECRETARY OF STATE	
The name of the limit	ed liability company is:	STATE OF IDAHO	
WORKFISH LLC		<u>:</u>	
(Remember to inc	lude the words "Limited Liability Company," "Lin	nited Company," or the abbreviations L.L.C., LLC, or LC)	
The complete street	and mailing addresses of the princip	oal office is:	
	ve. Harrison ID 83833		
(Street Address) P.O. Box 107 Harriso	on ID 92922		
(Mailing Address, if different)	03033		
·			
The name of the regi	stered agent and the street address	s of the registered agent:	
Shawn Unger	N.107 Garfield Ave	Harrison ID 83833	
(Name)	(Address cannot be a post of	office box or postal mail box.)	
The name and addre	ss of at least one governor of the lin	nited liability company:	
Shawn Unger		N. 107 Garfield Ave Harrison ID 83833	
(Name)	(Address)	- Hambon D doese	
(Name)	(Address)		
(Name)	(Address)		
	(163,555)		
(Name)	(Address)		
(	(Muniess)		
Mailing address for fu	iture correspondence (annual repor	t notices):	
P.O. Box 107 Harriso	in ID 83833		
(Address)			
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nature of organizer(s).	<i>[</i> ]	Secretary of State use only	
nature: <u> </u>	Myl	IDAHO SECRETARY OF STATE	
nted Name: Shawn Ung	jer	09/08/2016 05:00 CK:4998 CT:328789 BH:1545380	
itod Hallio.		1@ 100.00 = 100.00 ORGAN LLC #2	
nature:		(1)171626	
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