



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 OCT 18 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Automatic Systems, LLC

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

1440 Blue Lakes Blvd. N, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Allen Nagel

(Name)

1440 Blue Lakes Blvd. N, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Allen Nagel

1440 Blue Lakes Blvd. N, Twin Falls, ID 83301

Josh Becker

15012 SW Summerview Drive, Tigard, OR 97224

Michael Allen Brunson

595 Daisley Drive, Colorado Springs, CO 80906

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

1440 Blue Lakes Blvd. N, Twin Falls, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Jeffrey E. Rolig, Authorized Person

Signature

Typed Name: _____

Secretary of State use only

W107592

IDAHO SECRETARY OF STATE
10/18/2011 05:00
CK: 9412 CT: 142512 BH: 1294670
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