

State of Idaho

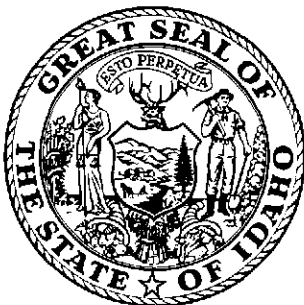
Office of the Secretary of State

LIMITED LIABILITY COMPANY REINSTATEMENT CERTIFICATE

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that the certificate of organization of **HIGH PEAKS CUSTOM AG & SERVICE, LLC**, file number W 125586 , a limited liability company organized under the laws of the State of Idaho, was administratively dissolved on August 14, 2017, for failure to file the required annual report form by the date due.

I FURTHER CERTIFY That the limited liability company has on August 30, 2017, been reinstated on the records of this office, and that its certificate of organization in the State of Idaho are hereby restored.

Dated: August 30, 2017



Lawrence Denney
SECRETARY OF STATE

By _____

John Reed



APPLICATION FOR REINSTATEMENT

To the SECRETARY OF STATE, STATE OF IDAHO
 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the Idaho limited liability company applying for reinstatement following administrative dissolution or forfeiture, if available, is: HIGH PEAKS CUSTOM AG & SERVICE, LLC

2. The date of its organization was: May 22, 2013

3. The limited liability company hereby applies for reinstatement. If the entity name is unavailable, a certificate of amendment for a name change must be attached.

Signature:

Manager or Member

Date:

(must be signed by a manager or member of the LLC)

IDAHO SECRETARY OF STATE

08/30/2017 05:00

CK:1101 CT:344904 BH:1600544

10 30.00 = 30.00 CORP REINS #2

W125586



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE
2017 AUG 30 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Your Budget, LLC

2. The date the certificate of organization was originally filed : January 27, 2014

3. The name of the limited liability company is amended to:

4. The complete street and mailing addresses of the principal office is amended to:

(Street Address)

(Mailing Address, if different)

5. The mailing address for future correspondence (annual reports) is amended to:

(Address)

6. The name and address of the managers/members shall be amended as follows:

Add: ☐ Delete: ☒ Jamie Hughes 1406 N. Moonstone St., Post Falls, ID 83854
(Name) (Address)

Add: ☐ Delete: ☐ _____
(Name) (Address)

Add: ☐ Delete: ☐ _____
(Name) (Address)

7. Signature of a manager, member, or authorized person.

Printed Name: SHANE HUGHES

Signature: [Signature]

Printed Name: Jamie Hughes

Signature: [Signature]

Secretary of State use only

IDAHO SECRETARY OF STATE

08/30/2017 05:00

CK:1001 CT:344907 BH:1600551
10 30.00 = 30.00 ORGAN AMEN #2

W133646