

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

	an an healt of annihations	2014 JUL 14 AM 9: 54
(Instructio	ns on back of application	000000 KM 9: 54
1. The name of the limited	The name of the limited liability company is:	
Fine Line C	istoms L.L.C	SIAIE OF IDATIO"L
2. The complete street and		
2696 W. I. (Street Address)	ago st. Post Fa	ils 1D,83854
(Mailing Address, if different than s	treet address)	
3. The name and complete	street address of the regi	stered agent:
Cody D. Thomps	Street Address)	Jagost Post Fails ID 83854
The name and address company:	of at least one member or	manager of the limited liability
Name T	.	<u>Address</u>
coay D. Momp	500 _ 50m1	
		
, <u>.</u>		
	•	
5. Mailing address for future	•	•
dlegle W. Iago	st. Post Falls	10 83654
6. Future effective date of f	iling (optional):	
	· · · · · · · · · · · · · · · · · · ·	
Signature of a manager, n	nember or authorized	
person.	F :-	Secretary of State use only
Signature	ee	•
Typed Name: Coby D.	THOMPSON	IDAHO SECRETARY OF STATE
		07/14/2014 05:00
Signature		CK:1332 CT:298945 BH:14330 16 100.00 = 100.00 DRGAN LLO
		TO TOP OF THE DESCRIPTION

cert_org_lic Rev. 07/2010

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