



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAY -4 AM 10:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Workbirds, LLC

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

221 North 4th Avenue, Hailey Idaho 83333

(Street Address)

P.O. Box 5902, Hailey Idaho 83333

(Mailing Address, if different than street address)

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

Registered Agents, INC

(Name)

1900 Northwest Blvd STE 106A Coeur dAlene ID 83814

(Street Address)

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

Name

Address

David Christopher James

221 North 4th Avenue, Hailey ID 83333

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

P.O. Box 5902, Hailey Idaho 83333

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

Signature of a manager, member or authorized person.

Signature

Typed Name: David James

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/04/2015 05:00

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