



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 23 AM 11:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Multitronix, LLC

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

5662 N Plumcreek Ave, Boise, ID 83713

(Street Address)

(Mailing Address, if different than street address)

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

Vern Knowles

(Name)

5662 N Plumcreek Ave., Boise, ID, 83713

(Street Address)

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

Name

Address

Vern Knowles

5662 N Plumcreek Ave, Boise, ID, 83713

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

Vern Knowles, Multitronix, 5662 Plumcreek Ave, Boise, ID, 83713

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

Signature of a manager, member or authorized person.

Signature Vern L Knowles

Typed Name: Vernon L. Knowles

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/23/2010 05:00
CK: 5571 CT: 253761 BH: 1252290
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