



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 24 AM 8:34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

212 DEGREES LLC

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

415 KARIN AVE, LEWISTON, ID 83501
(Street Address)

(Mailing Address, if different than street address)

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

MATTHEW K. POTRATZ
(Name)

415 KARIN AVE, LEWISTON, ID 83501
(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>MATTHEW K. POTRATZ</u>	<u>415 KARIN AVE, LEWISTON, ID 83501</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

415 KARIN AVE, LEWISTON, ID 83501

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

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: MATT POTRATZ

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/24/2011 05:00
CK: 5002 CT: 151665 BH: 1207778
1 @ 100.00 = 100.00 ORGAN LLC # 2

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