

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY: 0CT -3" PM 1: 59

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

I. The name of the limited liabi	### AM Specialties LLC
2. The complete street and mail	ling addresses of the initial designated/principal office:
3163 Hwy 93 N Gibbonsvill, Idaho	
(Street Address)	
(Mailing Address, if different than street a	iddress)
. The name and complete stree	et address of the registered agent:
Larry K. Merritt	3163 Hwy 93 N. Gibbonsville, Idaho 83463
(Name)	(Street Address)
. The name and address of at company:	least one member or manager of the limited liability
<u>Name</u>	Address
Larry K. Merritt	3163 Hwy 93 N. Gibbonsville, Idaho 83463

. Mailing address for future cor	rrespondence (annual report notices):
3163 Hwy 93 N. Gibbosville, Idah	no 83463
Future effective date of filing	(optional :
	han an author 2 and
gnature of a manager, memi	ber or authorized
erson.	Secretary of State use only
gnature Para &	\sim
	Array
ped Name: Larry K. Merritt	
gnature	IDAHO SECRETARY OF STATE
ped Name:	10/03/2011 05:00
-	CK: 19147393416 CT: 262990 BH: 129 1 00.00 = 100.00 GRGAN LLC # ;

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