



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 MAR -4 AM 8:56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Bold Distribution L.L.C.

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

567 Two Rivers Eagle Id 83616

(Street Address)

(Mailing Address, if different than street address)

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

Jason Lobato

(Name)

567 Two Rivers Eagle Id 83616

(Street Address)

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

Name

Address

Jason Lobato

567 Two Rivers Eagle Id 83616

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

567 Two Rivers Eagle Id 83616

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

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: Jason Lobato

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/04/2013 05:00
CK: CASH CT: 269889 BH: 1362650
1 @ 100.00 = 100.00 ORGAN LLC # 2

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