



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC 29 PM 1:04

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

____ Wholesale Factory Direct LLC

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

(Street Address)

(Mailing Address, if different than street address)

#3 17th Ave South Nampa, Id 83651
3116 Garrity Blvd Ste 7 pm 25 Nampa ID 83687

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

Adam Haganan
(Name)

608 S. Powerline Rd. Nampa Id. 83686
(Street Address)

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

Adam Haganan
(Name)

608 S. Powerline Rd. Nampa Id 83686
(Address)

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

3116 Garrity Blvd. Ste 7, pm 25 Nampa ID 83687

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

Signature of a manager, member or authorized person.

Signature _____
Typed Name: Adam Haganan

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/29/2011 05:00
CK: 863812 CT: 172899 BH: 1383781
1 @ 100.00 = 100.00 ORGAN LLC # 2

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