



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 OCT 29 PM 2:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Incredible Edge, LLC

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

896 North Callahan Avenue, Boise, Idaho 83704

(Street Address)

(Mailing Address, if different than street address)

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

Michael Givens

(Name)

896 North Callahan Avenue, Boise, Idaho 83704

(Street Address)

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

Name

Address

Michael Givens

896 North Callahan Avenue, Boise, Idaho 83704

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

896 North Callahan Avenue, Boise, Idaho 83704

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Michael Givens

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

10/29/2014 05:00

CK:315 CT:302698 BH:1447271

1@ 100.00 = 100.00 ORGAN LLC #2

W143785