

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 NOV 30 AM 5: 10

		(Instructions on back of		SECRETARY OF STATE	
1.	The name o	f the limited liability co	mpany is:	STATE OF IDAHO	
		;	Swami's Cycles L.L.C.		
2.	The comple	te street and mailing a	ddresses of the init	tial designated/principal office:	
	384 Knottingham Dr. Twin Falls, ID. 83301				
	(Street Address))	<u> </u>		
	(Mailing Addres	s, if different than street address)		***************************************	
3.	The name and complete street address of the registered agent:				
	Doug	glas K. Schwamb	384 Knotting	gham Dr., Twin Falls, ID. 83301	
	(Name)		(Street Address)		
4.	The name and address of at least one m company: Name		one member or ma	nager of the limited liability Address	
	Douglas K. Schwamb		384 Knotting	384 Knottingham Dr. , Twin Falls, ID. 83301	
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5.		ess for future correspond	•	port notices):	
	384 Ki	nottingham Dr Twin B	alls ID 83301		
6	Future effect	thro data of filing (anti-			
0.	ruture enec	tive date of filing (optio	naı):		
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açııı	ig in pensit of s			Secretary of State use only	
Sign	nature 1/04	dan K. Slave	ele-Marie Marie	e sen di ca	
_	ed Name:	Douglas K. Schwar	nb §		
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