

Signature _____
Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 MAR - 1 AM 9: 13

	(Instructions on back	of application)
1.	The name of the limited liability com	npany is: SECRETARY OF STATE STATE OF IDAHO
	KNOCKOUT ENERGY US	SA LLC
2.		dresses of the initial designated/principal office:
	8301 BROOKSIDE DR HAYDEN ID 83835	
	PO Box 1912 Hayden ID 83835	
	(Mailing Address, if different than street address)	
3.	The name and complete street addre	ess of the registered agent:
	DARREN MILLER	720 6 N 3 20 CDA, ID 83814
	(Name)	(Street Address)
4.	The name and address of at least or company:	ne member or manager of the limited liability
	Name	Address
	DARREN MILLER	720 N 3 Rd CDA , ID 83814
	TOHN CIUHAK	8301 Brookside DR HAYDEN ID 85855
		2.2
		and the second of the second o
5 .	Mailing address for future correspondence (annual report notices):	
	70 Box 1912 HAYDE	N IOAHO 88835
6.	Future effective date of filing (options	al):
_	nature of organizer(s). (An organizer is a given behalf of a member or members).	
	ctill!	Secretary of State use only
•	nature	IDAHO SECRETARY OF STATE
Тур	ed Name: DARREN MILER	IDONO SECRETARY OF STATE

IDAHO SECRETARY OF STATE 03/01/2010 05:00 CK: 4336 CT: 149366 BM: 1218312 1 0 188.00 = 188.00 CROAN LLC # 2

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