

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

SECRETARY OF STATE STATE OF IDAHO

Complete and submit the application in duplicate.

1.

	STATE OF TURITO
The name of the limited liability	y company is:
A.E.O.I., LLC	
(Remember to include the wor	ds "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)
The complete street and mailir	ng addresses of the principal office is:
2900 N Government Way #51,	, ,
(Street Address)	, 00041 4740110, 144110 00014
18316 E Broadway, Spokane	Valley, WA 99016
(Mailing Address, if different)	
The name of the registered ag	ent and the street address of the registered agent:
All Day \$49	•
(Name)	nt LLC 784 S Clearwater Loop Ste D Post Falls ID 838
(Name)	(Address cannot be a post office box or postal mail box.)
The name and address of at le	east one governor of the limited liability company:
Matthew Lee Anderson	18316 E Broadway, Spokane Valley, WA 99016
(Name)	(Address)
Tracy Lynn Anderson	18316 E Broadway, Spokane Valley, WA 99016
(Name)	(Address)
(Name)	(Addrose)
(Name)	(0.12)
(Name)	(Address)
Mailing address for future corre	respondence (annual report notices):
Mailing address for future corrected to the second	respondence (annual report notices):
Mailing address for future corre	respondence (annual report notices):
Mailing address for future corrected 18316 E Broadway Ave, Spoke (Address)	respondence (annual report notices):
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Printed Name: