

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

39 OCT 29 AM 8: 24

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The many of the Basic d Bability and		STATE OF IDAHO
. The name of the limited liability com	•	••
ASP	PEN VENTURES	S, LLC
. The complete street and mailing add	dresses of the	e initial designated/principal office:
	PARTRIDGE L	ANE
(Street Address)	EXBURG, ID 83	440
(Mailing Address, if different than street address)		
. The name and complete street addr	ess of the reg	gistered agent:
MICHAEL JUSTIN HOOPES		RTRIDGE LN. REXBURG, ID 83440
(Name)	(Street Address)	
. The name and address of at least or company:	ne member o	•
<b>Name</b> MICHAEL JUSTIN HOOPES		Address 355 PARTRIDGE LANE
MICHAEL JOSTIN HOOPES		333 FARTRIDGE DANL
		REXBURG, ID 83440
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	Construction (197	
Mailing address for future correspondutes 3456 E 177	ndence (annu TH #140 AMMO	
Future effective date of filing (option	al):	
gnature of organizer(s). (An organizer is a	ı member, or is	
ting in behalf of a member or members).	ſ	Secretary of State use only
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