

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

12 APR 17 AM 8: 47

he name of the limited liability	company is:  SECRETARY OF STATE STATE OF IDAHO
Pi	ilot Training Northwest, LLC
The complete street and mailing	addresses of the initial designated office:
9778 Lakeshore Drive, Sagle, ID 838	
(Street Address) PO Box 1110, Sagle, ID, 83860	
(Mailing Address, if different than street addre	55)
The name and complete street a	address of the registered agent:
Kenneth O Larson	9778 Lakeshore Drive, Sagle, ID 83860
(Name)	(Street Address)
company: Name	st one member or manager of the limited liability  Address
Kenneth O Larson	PO Box 1110, Sagle, ID 83860
**	
Mailing address for figure correct	enendence (ennuel report notices):
PO Box 1110, Sagle, ID 83860	spondence (annual report notices):
PO Box 1110, Sagle, ID 63660	
Future effective date of filing (or	otional):
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nature of a manager, membe	r or authorized
rson.	
inature KuthOF	Secretary of State use only
ped Name: Kenneth O Larson	
AAA LANIIA.	
nature	
ped Name:	
	IDAHO SECRETARY OF 24/17/2012 (

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04/17/2012 05:00 CK: 3052 CT: 226196 BH: 1320156 1 0 100.08 = 100.00 ORGAN LLC # 2

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