

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2015 JUN - 1 AM 9: 20

|   |                                | PRICE Ages                                    |
|---|--------------------------------|---|
| . The name of the limited liability con   | npany is:                      | SECRETARY OF STATE                            |
| AP Express, LLC   |                                | SECRETARY OF STATE<br>STATE OF IDAHO          |
| 2. The complete street and mailing add<br>2883 N Shooting Star, Post Falls, ID 8383<br>(Street Address) |                                | e initial designated office:                  |
| (Mailing Address, if different than street address)   |                                |   |
| (Mailing Address, ir different than street address)  3. The name and complete street addr               | ress of the re                 | gistered agent:                               |
| ,   |                                | -   |
| Peter Lopachuk<br>(Name)  | 2883 N Shoo<br>(Street Address | oting Star, Post Falls, ID 83854              |
| (   | (Ottobe Madiess                | ;   |
| <ol> <li>The name and address of at least o<br/>company:</li> </ol>                                     | ne member o                    | or manager of the limited liability           |
| <u>Name</u>   |                                | <u>Address</u>                                |
| Peter Lopachuk  | 2883 N Shoo                    | iting Star, Post Falls, ID 83854              |
|   |                                |   |
|   |                                |   |
|   |                                |   |
|   | <del></del>                    |   |
|   |                                |   |
|   |                                |   |
| <ol><li>Mailing address for future correspon</li></ol>  | idence (annu                   | al report notices):                           |
| 2883 N Shooting Star, Post Falls, ID 8385   | ·                              | ar report noneces.                            |
|   |                                |   |
| 6. Future effective date of filing (option  | nal):                          |   |
|   |                                |   |
| Signature of a manager, member or   | authorized                     |   |
| person.   |                                | Secretary of State use only                   |
| Signature Signature   |                                | IDAHO SECRETARY OF STATE                      |
| Typed Name: Peter Lopachuk  |                                | 06/01/2015 05:00<br>CK:2029 CT:310822 BH:1477 |
| Typed Haine,  |                                | 10 100.00 = 100.00 ORGAN L                    |
| Signature   |                                |   |
| Typed Name:   |                                | 10/1-23/5                                     |