## FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION	
LIMITED LIA	ABILITY COMPANY 2013 MAY 31 AM 8: 51
(Instructions	s on back of application)
1. The name of the limited lia	ability company is:
PWND Gen L	
	ailing addresses of the initial designated office:
2094 N Sepia /	Ive, Kuna, ID 83634
(Street Address)	
(Mailing Address, if different than stree	et address)
3. The name and complete st	reet address of the registered agent:
$\nabla_{i}$ , $\tau$ $''$	T. H. L. PILL 1519 NI Main St Stallo
Name)	Juramillo Line PULL, 1519 N Main St., Ste 110 (Street Address) Meridian, ID \$364
company:	at least one member or manager of the limited liability
Name Result it	Address 2094 N Sepin Ave, Kurn, ID 83634
Brig Lowell	Wisepic AVE, Kum, IN 03031
-	correspondence (annual report notices): Kunn, TD 83634
6. Future effective date of filin	ng (optional):
Signature of a manager, me	
	Secretary of State use only
Signature Typed Name: Brig Lowell	······································
Typed Name: Drig Cowell	
Signature	IDAHO SECRETARY OF STATE 05/31/2013 05:00
Typed Name:	LK: 153 CT: 283752 BH: 1376079 1 @ 100.00 = 100.00 ORGAN LLC # 2
	1 @ 20.00 = 20.00 EXPEDITE C # 3
	cert_org_llc Rev. 07/2010
	W1258/5