

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

EILED EFFECTIVE

2015 JAN 30 AM 8: 37

SECRETARY

(Instructions on back of application)

1. The name of the limited list life	u aamnanii isi	STATE OF STATE	
1. The name of the limited liability	у сотрапу із:	-1.10AHO"2	
3 Knotty Bouys, LLC			
The complete street and mailin 1013 Comeback Bay Lane Sagle, II	•	initial designated office:	
(Street Address)			
(Mailing Address, if different than street add	ress)		
3. The name and complete street	address of the reg	istered agent:	
Joseph Williams	1013 Comeba	1013 Comeback Bay Lane Sagle, ID 83860	
(Name)	(Street Address)		
The name and address of at leacompany:	ast one member or	manager of the limited liability	
<u>Name</u> Joseph Williams	4042 Camaba	Address 1012 Comphant Roy Long Souls ID 92960	
		1013 Comeback Bay Lane Sagle, ID 83860	
Lori Halcro-Williams 1013 Comebac		ck Bay Lane Sagle, ID 83860	
	 		
·			
C. Maillian address for 6.4		l comment	
Mailing address for future corrections1013 Comeback Bay Lane Sagle, II	•	report notices):	
	· · ·		
6. Future effective date of filing (o	ptional):		
Signature of a manager, member	er or authorized		
person.		Secretary of State use only	
Signature / / /		IDAHO SECRETARY OF STATE	
Typed Name: Joseph Williams		01/30/2015 05:00 CK:2585 CT:305814 BH:145953	

CK:2585 CT:305814 BH:1459538 16 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

W147109

Signature ____

Typed Name: ___