

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

LIMITED LIABILITY COMPANY 2009 HAY 20 PM 3: 28
(Instructions on back of application)
(Instructions on back of application) 1. The name of the limited liability company is: WORK-A-FIGERERATION 1. The name of the limited liability company is:
2. The complete street and mailing addresses of the initial designated/principal office: 305 RIVENES ALE PREST RIVER IDANO 83856 (Street Address) P. O. Box 522 PRIEST RIVER IDANO 83856 (Mailing Address, If different than street address)
3. The name and complete street address of the registered agent:
JASON W. STOREY 305 RIVENES AVE 83856 (Street Address)
The name and address of at least one member or manager of the limited liability company: Address
JASON W. STOREY POBOX 522 PRIEST RIVER ID 73956
5. Mailing address for future correspondence (annual report notices): P.D. BOX 522 PRIEST RIVER IDANO 83856
6. Future effective date of filing (optional):
Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members). Secretary of State use only
Signature JWStory 3
Signature
Signature 55/20/2009 95:00
Typed Name: