



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2013 APR 22 PM 2: 33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ScareCrowAttions LLC

2. The complete street and mailing addresses of the initial designated office:

20705 Travis Rd Wilder Id. 83676

(Street Address)

P.O. Box 8 Wilder Id 83676

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Robert Paasch

(Name)

20705 Travis Rd Wilder Id 83676

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Robert Paasch

Name

PO Box 8, Wilder, ID 83676

Address

5. Mailing address for future correspondence (annual report notices):

P.O. Box 8 Wilder Id 83676

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]

Typed Name: Robert Paasch

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
04/22/2013 05:00
CK: 1370374 CT: 172099 BH: 1370577
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W 124458