



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2015 SEP -8 AM 11:16  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Vapen Ray's LLC

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

665 Milwaukee Ave Plummer, ID 83851

(Street Address)

(Mailing Address, if different than street address)

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

Michael Cannon

(Name)

665 Milwaukee Ave Plummer, ID 83851

(Street Address)

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

**Name**

**Address**

Michael Cannon

665 Milwaukee Ave Plummer, ID 83851

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

665 Milwaukee Ave Plummer, ID 83851

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature *[Signature]*

Typed Name: Michael Cannon

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only  
IDAHO SECRETARY OF STATE  
09/08/2015 05:00  
CK: 900 CT: 314366 BH: 1491479  
1@ 100.00 = 100.00 ORGAN LLC #2

W155994