

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 MAR 25 AM 8: 34

(Instructions on back of application)

SECRETARY OF STATE

(Street Address)	AVIATION WAY
CALD\ (Mailing Address, if different than street address)	WELL, ID. 83605
The name and complete street addres	e of the registered agent:
The harne and complete succe address	of the registered agent.
ROBERT HINKLE	4412 AVIATION WAY
(Name)	(Street Address)
The name and address of at least one company:	member or manager of the limited liability
Name	Address
ROBERT HINKLE	3119 ARROWHEAD DR. CALDWELL, ID 83605
WILLIAM C. HINKLE SR.	8210 WATERSIDE AVE. NAMPA, ID 83687
Mailing address for future corresponde	ance (annual report notices).
•	WAY CALDWELL, ID. 83605
Future effective date of filing (optional)):05/01/2010
ature of organizer(s). (An organizer is a m g in behalf of a member or members).	ember, or is
i in henair of a miember of members!	Secretary of State use only
	Charles Char

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