CERTIFICATE OF ORGANIZATION 12 JUNE 11

(Instructions o	on back of application) STARE OF IDAGO
he name of the limited liab	ility company is:
Hover Mask, LLC	and the transfer designated office:
	illng addresses of the initial designated/principal office:
877 South Capitola Way (Street Address)	
Boise, Idaho 83712 (Mailing Address, if different than street	address)
	eet address of the registered agent:
Lutana Haan	877 South Capitola Way, Boise, Idaho 83712
Name)	(Street Address)
he name and address of a	it least one member or manager of the limited liability
ompany:	Address
Name.	5311 South Onaga Place Boise, Idaho 83716
onny J. Ashworth	277 Courth Continue Mary Roles Idaho 83712
utena Hean	
Uwe Reischi	324 East Sydmor Drive Boise, Idaho 83706
	correspondence (annual report notices):
877 South Capitola Way	Boise, Idaho 83712
the affective data of fills	ng (optional):
AMIG GIIGOUTA GAGA OF IIII	-
ature of organizer(s). (An o	rganizer is a member, or is
in behalf of a member or men	nbers). Secretary of State use only
estura mantille	a de la companya della companya della companya de la companya della companya dell
ed Name: Lonny J. Ashwort	h S
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BO Name. Louis of Paris	
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1.4.00	IDAHO SECRETARY OF

CK: 22361 CT: 196662 BH: 1385649 1 9 188.00 = 100.80 ORGAN LLC # 2

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