

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

II kon no -

		(Instructions on back of application)	
1.	The name of the limited liability of	ompany is: KIOSK WIRELESS LLC	SECRETARY OF STATE STATE OF IDAHO
2.	The complete street and mailing a 1129 Oakwood Street, Burley, ID 8331 (Street Address)		lesignated/principal office:
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:		
	Stegen Phillips	1129 Oakwood Street, Burley, ID 83318	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name Characa Districts	Address 1129 Oakwood Street, Burley, ID 83318	
	Stegen Phillips		
	Paul Castaldi	1 Lafayette Ave., Mays Landing, N.J., 08330	
5.	Mailing address for future corresp	ondence (annual report	notices):
	1129 Oakwood Street, Burley, ID 8331	8	
6.	Future effective date of filing (opti	onal):	
_	nature of a manager, member	or authorized	
per	son.	1	Secretary of State use only
Sig	nature AMM		
_	ped Name: Stegen Phillips		

IDANO SECRETARY OF STATE
94/22/2011 95:00
CK: 5884 CT: 257661 BH: 1278582
1 0 188.00 = 188.00 ORGAN LLC # 2

W102695

Signature_____

Typed Name: