



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN -2 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

OLSEN KUSTOMS, LLC

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

1411 S. MAIN ST. UNIT 1A BELLEVUE, ID 83803
(Street Address)

P.O. BOX 4484 HAILLEY, ID 83333
(Mailing Address, if different than street address)

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

JOEL EDWARD OLSEN
(Name)

317 N. 1ST HAILLEY, ID 83333
(Street Address)

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

Name

Address

ABBIE NORDSTIECK

317 N. 1ST HAILLEY, ID 83333

Joel Olsen

317 N. 1ST Hailley, ID 83333

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

P.O. BOX 4484 HAILLEY, ID 83333

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

Signature of a manager, member or authorized person.

Signature Joel Olsen

Typed Name: JOEL OLSEN

Signature Abbie Nordstieck

Typed Name: ABBIE NORDSTIECK

Secretary of State use only

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