



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN -2 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO1. The name of the limited liability company is:OLSEN KUSTOMS, LLC2. The complete street and mailing addresses of the initial designated office:

1411 S. MAIN ST. UNIT 7A BELLEVUE, ID 83313
 (Street Address)

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

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

JOEL EDWARD OLSEN 317 N. 1ST HAILEY, ID 83333
 (Name) (Street Address)

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

Name	Address
<u>ABBE NORDSIECK</u>	<u>317 N. 1ST HAILEY, ID 83333</u>
<u>Joel Olsen</u>	<u>317 N. 1ST Hailey, ID 83333</u>

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

P.O BOX 4484 HAILEY, ID 83333

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

Signature of a manager, member or authorized person.

Signature Joe Olsen

Typed Name: JOEL OLSEN

Signature Abbie Nordsieck

Typed Name: ABBE NORDSIECK

Secretary of State use only

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 IDAHO SECRETARY OF STATE
 01/02/2014 05:00
 CK: 1421 CT: 291234 BH: 1404058
 1 @ 100.00 = 100.00 ORGAN LLC # 2