



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2010 JUL 26 AM 11:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Dr Spruce's Lore Axe, LLC

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

18926 W Old Station Road Worley ID 83876

(Street Address)

(Mailing Address, if different than street address)

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

Lincoln Hammons

(Name)

18926 W Old Station Road Worley ID 83876

(Street Address)

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

Name

Address

Lincoln Hammons

18926 W Old Station Road Worley ID 83876

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

18926 W Old Station Road Worley ID 83876

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

Signature of a manager, member or authorized person.

Signature Lincoln Hammons

Typed Name: Lincoln Hammons

Signature _____

Typed Name: _____

Secretary of State use only

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07/26/2010 05:00
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